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6669

TRANSACTIONS
OF THE
CANADIAN DENTAL
ASSOCIATION

1958-1961



ANNUAL MEETING
MONTREAL, QUEBEC

(OCTOBER 22nd - 25th, 1958 - 61)

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1958-61



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OFFICIALS

1957 - 58

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Officers

<i>President</i>	-	-	-	-	-	A. G. RACEY, Montreal, P.Q.
<i>Immediate Past President</i>	-	-				K. M. JOHNSON, Winnipeg, Man.
<i>President-elect</i>	-	-	-	-	-	G. M. DEWIS, Halifax, N.S.
<i>Secretary-Treasurer</i>	-	-	-			D. W. GULLETT, Toronto, Ont.

Executive

A. G. RACEY, K. M. JOHNSON, G. M. DEWIS, C. L. STRACHAN
J. P. WHYTE, W. J. LANGMAID, R. LANGLOIS

Board of Governors

C. M. WHITWORTH	-	-	-	4504 W. 10th Ave., Vancouver, B.C.
J. ZIMMERMAN	-	-	-	810 Greyhound Bldg., Calgary, Alta.
J. P. WHYTE	-	-	-	Swift Current, Saskatchewan
K. M. JOHNSON	-	-	-	314 Somerset Bldg., Winnipeg, Man.
W. J. RILEY	-	-	-	505 Medical Arts Bldg., Winnipeg, Man.
W. G. MCINTOSH	-	-	-	170 St. George St., Toronto, Ont.
M. V. J. KEENAN	-	-	-	7 Cedar St., Sudbury, Ont.
W. J. LANGMAID	-	-	-	167 Simcoe St. N., Oshawa, Ont.
C. L. STRACHAN	-	-	-	260 Queens Ave., London, Ont.
R. O. WINN	-	-	-	Medical Arts Bldg., Kitchener, Ont.
R. LANGLOIS	-	-	-	401 Grande Allee est, Quebec, P.Q.
A. G. RACEY	-	-	-	1414 Drummond, Montreal, P.Q.
J. M. CHAMARD	-	-	-	1509 Sherbrooke St. W., Montreal, P.Q.
R. M. LE BLANC	-	-	-	151 King St. W., Sherbrooke, P.Q.
W. B. O'BRIEN	-	-	-	366 Queen St., Fredericton, N.B.
G. M. DEWIS	-	-	-	269 Gottingen St., Halifax, N.S.
A. W. M. ALLAN	-	-	-	179 Queen St., Charlottetown, P.E.I.
J. M. DARCY	-	-	-	T. A. Bldg., Duckworth St., St. John's, Newfoundland

ATTENDANCE AT BOARD OF GOVERNORS' MEETING

Montreal, P.Q., October 22 - 25, 1958

	1st Ses. Oct. 22 11 a.m.	2nd Ses. Oct. 23 2 p.m.	3rd Ses. Oct. 24 9 a.m.	4th Ses. Oct. 24 2 p.m.	5th Ses. Oct. 25 9 a.m.
<i>Board of Governors:</i>					
Allan, A. W. M.	v	v	v	v	v
Chamard, J. M.	v	v	v	v	v
Dewis, G. M.	v	v	v	v	v
Grose, L. M.	v	v	v	v	v
Gullett, D. W., Sec'y	v	v	v	v	v
Hann, H. J.	v	v	v	v	v
Johnson, K. M.	v	v	v	v	v
Keenan, M. V. J.	v	v	v	v	v
Langlois, R.	v	v	v	v	v
Langmaid, W. J.	v	v	v	v	v
Le Blanc, R. M.	v	v	v	v	v
McIntosh, W. G.	v	v	v	v	v
O'Brien, W. B.	v	v	v	v	v
Racey, A. G.	v	v	v	v	v
Riley, W. J.	v	v	v	v	v
Whitworth, C. M.	v	v	v	v	v
Whyte, J. P.	v	v	v	v	v
Winn, R. O.	v	v	v	v	v
Zimmerman, J.	v	v	v	v	v
<i>Committee Chairmen:</i>					
Anderson, P. G.	v	v	v	v	v
Barrett, G. W.	v	v	v	v	v
Brown, H. K.	v	v	v	v	v
Chalmers, J. G.	v	v	v	v	v
Charette, R.	v	v			v
Hunter, H. A.	v	v	v	v	v
Lepine, L.	v	v	v	v	v
Martin, F.	v		v	v	v
McLean, J. D.	v	v	v	v	v
Paynter, K. J.	v	v	v	v	v
Phillips, S. J.	v	v	v	v	v
Rogers, M. A.	v	v	v	v	v
Rooney, R. A.	v	v	v	v	v
Tanner, D. M.	v	v			v
<i>Editors:</i>					
Dunn, W. J.	v	v	v	v	v
de Montigny, G.	v	v	v	v	v
Bilkey, E. R. W.	v	v	v	v	v

ATTENDANCE AT BOARD OF GOVERNORS' MEETING

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<i>Members:</i>					
Abraham, J.	v	v	v		
Baird, K. M.	v	v	v	v	v
Beir, Roy				v	v
Brett-Williams, D. G.		v	v	v	
Coughlan, A. J.					v
Dawson, W. G.	v	v	v	v	v
Dorion, E. S.		v	v		v
Dube, V.	v				
Eaton, D. C.	v	v	v	v	v
Epstein, R. A.				v	v
Forest, D.	v	v	v		
Franklin, G.	v	v	v		
Kilburn, L. A.	v	v	v		v
Kohli, F. A.	v	v	v		
Levinson, K. I.			v	v	v
MacLachlan, L.			v	v	v
MacLean, H. R.			v	v	v
McCabe, C. A. E.	v		v		v
Methven, J. F.					v
O'Meara, B. J.	v	v	v		v
Purcell, C. M.					v
Ratte, G.					v
Schachter, J. J.		v	v	v	v
Schwartz, A.		v	v		
Strachan, C. L.			v	v	v
Walsh, A. L.				v	v
Wansbrough, E. M.	v		v		
White, E. A.					v
Williams, C. H. M.	v	v	v		v

FOREWORD

This publication contains a record of the affairs transacted at the 57th Annual Meeting of the Association, held at Montreal, October 22nd to 29th, 1958.

Reports are printed as amended at the meeting. Comments and action on the reports will be found immediately following each report.

The procedure at the Annual Meeting of the Board of Governors is that reports are referred to reference committees for study. The chairmen of these reference committees report back on the respective reports at the sessions of the Board. As a result, all matters presented receive thorough consideration.

These transactions are published so that each member may be familiar with the policies of the Association on the subjects considered. It is hoped that a valuable reference book is thereby provided for each member of the Canadian Dental Association.

REPORT

1. It is an exceptional pleasure to welcome you to this meeting of the Board of Governors in the city where our Association was founded some fifty-six years ago and also to have the opportunity of receiving you in the exquisite surroundings of this fine new hotel.

2. Our next few days will be devoted to the consideration of the reports and recommendations of our various committees as well as other business of the Association, and will constitute many hours of work. However I feel sure that the satisfaction derived from this effort, together with your participation in the scientific and recreational aspects of the convention to follow, will make your visit a most pleasant one.

3. Some sixteen months have passed since we last met, in Winnipeg, and this period has been one of considerable activity, about which I shall inform you in some detail in this report and in the report of the Executive Committee.

4. It is with deepest regret that I record the death of one of our best known and most beloved members in the person of Dr. George Lynch Cameron, a past president of this Association, and a man who gave unstintingly of his time and talent in the interests of the profession. Our deepest sympathy is expressed to his wife and family.

5. Board of Governors

(a) There has been a number of changes in the representation to this Board from the Corporate Members. To the retiring members, Doctors C. L. Strachan, London, Ont.; P. G. Anderson, Toronto, Ont.; Wm. Miller, Vancouver, B.C. and H. B. Fleming, Moncton, N.B., I wish to express our sincere appreciation for their valued contributions and their devotion to the Association.

(b) To the new members, Doctors L. M. Grose, Toronto, Ont.; W. G. McIntosh, Toronto, Ont.; C. M. Whitworth, Vancouver, B.C.; J. M. Charnard, Montreal, P.Q. and Robert Le Blanc, Sherbrooke, P.Q., I wish to extend a special welcome and would urge you to take a full part in our deliberations.

6. Visitations

(a) Eastern and Western visitations were made by your President and Secretary during the past year. These covered practically all the major cities from Newfoundland to British Columbia. Everywhere were displayed the greatest hospitality and thoughtfulness. It is a most stimulating experience to

PRESIDENT

have the opportunity to meet one's confreres across the country and to observe the interest and the enthusiasm they possess for the Canadian Dental Association.

(b) It was also my pleasant duty to address the senior classes of four of our Dental Schools.

7. Committees

The work of our various committees has been most satisfactory and they have discharged their duties faithfully and well. To the Chairmen and the members of these committees go our sincere thanks for carrying out this very important function of the Association.

8. Convention

(a) The Convention Committee under the active chairmanship of Dr. Roger Charette has prepared an outstanding program for this national convention. There is a number of innovations which I think will be of considerable interest, including a complete system of simultaneous translation during all business and scientific sessions.

(b) To the Chairman and his Committee, I wish to express our appreciation for their efforts and enthusiasm.

9. Publications

(a) The Committee on Publications is to be commended for its success in obtaining the services of Dr. E. R. W. Bilkey as Editor of the Journal. This appointment was one which took much thought and consideration. To our new Editor we say "Welcome", and wish to assure him of our fullest cooperation at all times in carrying out the important duties of his new position.

(b) To Dr. Wesley Dunn we wish to express our deep appreciation for the great service he has rendered our Association in the past. Under his editorship our Journal has attained a status second to none as a dental publication. To him go our best wishes for continued success in his association with the Royal College of Dental Surgeons of Ontario.

10. Legislation

(a) In this field we have experienced considerable activity; the greater part of which was of a very disturbing nature. Our Secretary was required to appear before the legislatures of no less than four provinces during the past year. Each of these occasions was the result of unqualified and unlicensed individuals seeking to be permitted by law to practise dentistry. I cannot commend too highly the splendid and effective assistance that Dr. Gullett rendered at these times. The Alberta Dental Association and the New Brunswick Dental

Society have specially requested me to convey to this board their appreciation of his services.

(b) It is imperative that we view with the greatest concern the attempts of encroachment by certain groups into fields of our profession. Constant vigilance and strong leadership are our only means of combatting this ever-increasing danger.

11. Health Insurance Studies

(a) The Health Insurance Studies Committee has again this year been actively engaged in studying ways and means to assist and guide the profession in providing dental care for the people of this country, while at the same time maintaining a quality of service and economic arrangement which would be just and fair to all concerned.

(b) You will be asked to consider two important recommendations of this Committee during the course of this meeting.

(c) The direction and extent to which the health insurance movement may go in this country should be of deepest concern to all the health service professions.

12. Deputy Secretary

The Association has been most fortunate in securing the full-time services of Mr. Kenneth Croft as Deputy Secretary. Mr. Croft came to us as a highly qualified man in administrative affairs and he has clearly demonstrated this since commencing his duties. This has enabled the Secretary to devote a far greater measure of his time to the important function of policy-direction, as well as serving as our ambassador. To Mr. Croft we extend a hearty welcome.

13. Retirement Savings Plan

After seven years of continuous effort on the part of the Association to secure deductions from income tax for the purpose of making payments to a retirement savings plan, this goal was finally achieved during the term of office of the Immediate Past President. Following this concession by the Federal Government your Executive gave a great deal of study to the formulation of a C.D.A. Retirement Savings Plan and engaged an independent firm of economists to advise them. This plan, which I am sure you are all familiar with, is to our minds a most advantageous one, embracing an element of flexibility which can be adjusted to suit individual requirements. The best interest of our members will be served by careful study of the booklet containing the details of the plan.

14. Secretary's European Trip

Details of Dr. Gullett's trip to Europe in the interest of the Association

PRESIDENT

have, in part, been presented to you in the Governor's Letter. I will not elaborate on this matter at this time, but I believe that his observations and findings have been of inestimable value to the profession in this country, and that we have profited greatly in this investment.

15. The Dental Faculties

Progress in providing increased accommodations and facilities for dental education has been most satisfactory and gratifying during the past year.

- (i) The new faculty at the University of Manitoba has accepted its first class this year.
- (ii) The new building at Dalhousie University was officially opened on September 25th of this year.
- (iii) The cornerstone of the new dental building at the University of Toronto was laid on July 29th.
- (iv) Plans are well advanced if not already in operation for a considerable expansion at the University of Alberta.

16. Recruitment to the Profession

(a) A serious problem exists in the matter of student recruitment to the profession. Here we are faced with considerable competition from business and industry which are using many and varied methods to induce our young people to consider careers in other fields. The financial aspect of an education in dentistry is also a deterrent of no small magnitude.

(b) The contemplation of some form of state control of health services, also, I believe, is causing potential students to turn away from dentistry because it would mean a loss of individual initiative and freedom of action, which are such desirable aspects of independent practice.

(c) The Council on Dental Education this year has published a booklet 'Dentistry as a Professional Career' expressly for the use of secondary school students. This publication has been extremely well prepared and should, along with other means, be of guidance to those contemplating a career in dentistry.

17. Recommendations

It is increasingly evident from events which have occurred during recent years that the legal and economic aspects of our professional life are becoming more varied and complex and that we must now consider the advisability of engaging personnel, experienced in these fields, to advise and guide us. I would strongly urge that machinery be set up to study ways and means of securing this type of assistance for the Association.

Conclusion

18. In closing, I wish to express my deep appreciation not only to all here,

but to many others as well, for the wonderful cooperation and consideration shown to me during my term of office.

19. Members of the Board of Governors, Chairmen and their committees and the Editors of the Journal, have all devoted much time and energy to the welfare of our Association as is clearly demonstrated by the contents of these reports presented to you.

20. To the Secretary and his efficient staff I extend my sincere gratitude, for without them any progress which has been made would not have been possible.

COMMENT and ACTION

1, 2. & 3. Information.

4. We join the President in his expression of regret at the loss of such a valuable member.

5. Information.

6. (a) We commend our President on his untiring efforts.

(b) We suggest that this be continued whenever possible during the coming years.

7. Agreed.

8. We congratulate the Convention Committee, particularly on their innovation of simultaneous translation.

9. (a) Agreed.

(b) Whereas Wesley J. Dunn has for over five years given such outstanding service to the Association as Editor of the Journal, and

Whereas he has represented the Canadian Dental Profession in such a dignified manner at various meetings in the United States, and

Whereas he has been honoured by being chosen as the President of the American Association of Dental Editors, therefore be it

Resolved that an expression of appreciation and thanks be extended to him, and that we also extend to him our very best wishes for the future.

ADOPTED

10. We agree heartily.

11. (a) & (b) Noted.

(c) Agreed.

12. Agreed.

13. Information.

PRESIDENT

14. We wish to congratulate Dr. Gullett on his appointment to the Executive of the International Dental Federation, and we hope that he may be able to attend future meetings.
15. (i), (ii), (iii) & (iv) Noted with pride.
16. (a) & (b) We agree and suggest that some effort be made to recruit the female sex for dentistry.
(c) We commend the Council on Dental Education.
17. Whereas the legal and economic aspects of our profession have become more complex, therefore be it
Resolved that study be given by the Executive Committee regarding the possibility of obtaining additional administrative assistance, if and when this can be arranged.

ADOPTED

18. Noted.
19. Agreed.
20. We concur.

The following resolution is presented :

Whereas our President has served us both faithfully and well during the past sixteen months, therefore be it

Resolved that we express to him our sincere thanks for his devotion to duty and for the personal sacrifices which he has made on our behalf.

ADOPTED

We recommend the adoption of the Report of the President.

APPROVED

MEMBERS: *Don W. Gullett, Chairman, Toronto, Ont.; Provincial Registrars: G. I. Creasy, Vancouver, B.C.; R. A. Rooney, Edmonton, Alta.; F. R. Smith, Saskatoon, Sask.; J. Orwell Brown, Winnipeg, Man.; Wesley J. Dunn, Toronto, Ont.; Denis Forest, Montreal, P.Q.; E. D. Halford, Lancaster, N.B.; G. M. Dewis, Halifax, N.S.; Heath McIntyre, Charlottetown, P.E.I.; G. P. French, St. John's, Nfld.*

REPORT

Your Necrology Committee reports with deep regret the death of the following members since the last annual meeting.

Abbott, James Mitchell, R.C.D.S. '05	- - - - -	Erin, Ont.
Armstrong, Milton Taylor, R.C.D.S. '11	- - - - -	Parry Sound, Ont.
Baird, David Henry, R.C.D.S. '97	- - - - -	Ottawa, Ont.
Bayne, Robert John Beattie, R.C.D.S. '23	- - - - -	Sarnia, Ont.
Belden, Theodore Nelson, Toronto '26	- - - - -	Winnipeg, Man.
Black, Herbert Ferguson Blair, R.C.D.S. '15	- - - - -	Toronto, Ont.
Box, Willard McConnell, R.C.D.S. '20	- - - - -	Toronto, Ont.
Bracken, Bonar Meldrum, R.C.D.S. '16	- - - - -	Grand Valley, Ont.
Buisson, Edmond, Montreal '09	- - - - -	Three Rivers, P.Q.
Bursten, J. A., Alberta '27	- - - - -	Winnipeg, Man.
Cameron, George Lynch, McGill '08	- - - - -	Ottawa, Ont.
Cardinal, Armand, Laval '19	- - - - -	Montreal, P.Q.
Carruth, Robert Mills, R.C.D.S. '04	- - - - -	Toronto, Ont.
Clark, Victor A., R.C.D.S. '20	- - - - -	Saskatoon, Sask.
Clemence, Thomas Carlyle, R.C.D.S. '19	- - - - -	Toronto, Ont.
Contant, Charles A., Montreal '23	- - - - -	St. Jerome, P.Q.
Countryman, Jacob Grant, R.C.D.S. '20	- - - - -	Hamilton, Ont.
Courville, Edmund Joseph,, R.C.D.S. '24	- - - - -	Cornwall, Ont.
Croll, Hubert Alexander, R.C.D.S. '96	- - - - -	Winnipeg, Man.
Crowell, Marvin G., Alberta '56	- - - - -	Grande Prairie, Alta.
Currie, Andrew Ross, Philadelphia '05	- - - - -	N. Vancouver, B.C., & Woodstock, N.B.
Daigle, J. A. Ernest	- - - - -	St. Hyacinthe, P.Q.
Decarie, Alphonse J., Montreal '26	- - - - -	Montreal, P.Q.
Dexter, Carl Roberts, Dalhousie '24	- - - - -	Grand Manan Island, N.B.
Doyle, E. M., R.C.D.S., Alta. '99	- - - - -	Calgary, Alta.

NECROLOGY

Ely, Edward McLean, R.C.D.S. '00	- - - - -	Ottawa, Ont.
Fitzgerald, John Charles, R.C.D.S. '99	- - - - -	St. Catharines, Ont.
Flach, Richard Frederick, Toronto '27	- - - - -	Hamilton, Ont.
Fortin, Henri Louis, Laval '16	- - - - -	Montreal, P.Q.
Freeland, Henry Lloyd, Northwestern '14	- - - - -	Calgary, Alta.
Gibson, George Ross, Alberta '29	- - - - -	Medicine Hat, Alta.
Gorrell, Harvey Benson, Chicago '16	- - - - -	Winnipeg, Man.
Graham, James Archibald, R.C.D.S. '23	- - - - -	Goderich, Ont.
Hiltz, Hardress Edwin, Philadelphia '05	- - - - -	Truro, N.S.
Hope, G. J., R.C.D.S. '10	- - - - -	Edmonton, Alta.
Hutzulak, Paul, Toronto '43	- - - - -	Toronto, Ont.
Hyams, Isadore Bloom, McGill '36	- - - - -	Montreal, P.Q.
Irwin, Joseph Thomas, R.C.D.S. '20	- - - - -	Toronto, Ont.
Johnsen, Harold Onsum, Minnesota '29	- - - - -	Essondale, B.C.
Johnson, Bernard, Toronto '27	- - - - -	Calgary, Alta.
Johnston, Arthur, R.C.D.S. '04	- - - - -	Windsor, Ont.
Kennedy, Loftus Tackaberry, R.C.D.S. '00	- - - - -	Toronto, Ont.
King, Lester W., Oregon '24	- - - - -	Quesnel, B.C.
Kinnear, James Wellington, R.C.D.S. '03	- - - - -	Belleville, Ont.
Le Gallais, John Stringer, Toronto '55	- - - - -	Ottawa, Ont.
Lyon, Victor Harold, R.C.D.S. '94	- - - - -	Ottawa, Ont.
Macartney, William C., R.C.D.S. '05	- - - - -	Ottawa, Ont.
Mallory, Dwight Harcourt, R.C.D.S. '22	- - - - -	Brockville, Ont.
Marin, P., Montreal '32	- - - - -	St. Jean, P.Q.
Marshall, Oliver Allinson, R.C.D.S. '95	- - - - -	Belleville, Ont.
Masson, Alfred, Montreal '26	- - - - -	St. Lambert, P.Q.
Merkeley, Garth Howard, Minnesota '39,		
Dalhousie '40	- - - - -	Winnipeg, Man.
Merritt, Stanley Arthur Earl, Toronto '32	- - - - -	Toronto, Ont.
Moles, Edward William, R.C.D.S. '00	- - - - -	Norwich, Ont.
Moore, Robert James, R.C.D.S. '22	- - - - -	Smith Falls, Ont.
Morrow, Henry Maxwell, R.C.D.S. '09	- - - - -	Hamilton, Ont.
Muir, Alexander William, R.C.D.S. '07	- - - - -	Fergus, Ont.
Mulhall, William H., Baltimore '05	- - - - -	Liverpool, N.S.
Mumford, James Ralph, R.C.D.S. '23	- - - - -	Toronto, Ont.
McKay, Donald Alfred Pringle, R.C.D.S. '13	- - - - -	Winnipeg, Man.
McMillan, Joseph Fraser, R.C.D.S. '96	- - - - -	Toronto, Ont.

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McTaggart, James Albert, R.C.D.S. '10	- - - - -	Hensall, Ont.
McVicar, Kenneth Neil, R.C.D.S. '20	- - - - -	Toronto, Ont.
MacCrostie, Hugh, R.C.D.S. '20	- - - - -	Vancouver, B.C.
MacKenzie, Hector MacDonald, Maryland '32	- - - - -	Charlottetown, P.E.I.
MacLean, F. J., R.C.D.S. '23	- - - - -	Winnipeg, Man.
Nadeau, Emile, Montreal '25	- - - - -	St. Leonard, N.B.
Neilson, William G., Chicago '17	- - - - -	Calgary, Alta.
Palansky, Morris, Alberta '38	- - - - -	Winnipeg, Man.
Parent, Leonidas	- - - - -	Montreal, P.Q.
Peaker, Harry McLaughlin, R.C.D.S. '09	- - - - -	Ottawa, Ont.
Peden, T. R.	- - - - -	California, U.S.A.
Power, Mogue Stephen, Temple '13	- - - - -	St. John's, Nfld.
Reath, Francis Edward, R.C.D.S. '15	- - - - -	St. Thomas, Ont.
Revell, Richard Leslie, R.C.D.S. '96	- - - - -	Woodstock, Ont.
Riggs, Lewis Frederick, R.C.D.S. '99	- - - - -	Toronto, Ont.
Rockman, Maxwell Norman, Toronto '35	- - - - -	Toronto, Ont.
Rogers, Charles John, R.C.D.S. '22	- - - - -	Ottawa, Ont.
Roper, William Fancy, Atlanta '03	- - - - -	Toronto, Ont.
Routledge, Thomas Albert, R.C.D.S. '02	- - - - -	Ridgetown, Ont.
Salisbury, Frederick Garfield, Northwestern '03	- - - - -	Saskatoon, Sask.
Sharpe, Joseph MacDonald, R.C.D.S. '04	- - - - -	Toronto, Ont.
Sihler, Arthur Theodore, R.C.D.S. '96	- - - - -	Simcoe, Ont.
Smallwood, Frederick E.	- - - - -	Charlottetown, P.E.I.
Snidal, Jon Gunnlaugar	- - - - -	Winnipeg, Man.
Solomon, Arthur Samuel, McGill '13	- - - - -	Montreal, P.Q.
Squire, George Cooper, Toronto '27	- - - - -	London, Ont.
Stirtan, Clarence, R.C.D.S. '24	- - - - -	South Mountain, Ont.
Somerville, W. R., R.C.D.S. '10	- - - - -	Haileybury, Ont.
Swales, H. A., Toronto '26	- - - - -	Toronto, Ont.
Tait, Edwin Sims, Chicago '13	- - - - -	Lake Cowichan, B.C.
Toplitsky, Jack, McGill	- - - - -	Montreal, P.Q.
Trainor, John Clifford, Dalhousie '24	- - - - -	Port Hawkesbury, N.S.
Trottier, Jean B., Montreal '28	- - - - -	Quebec, P.Q.
Wallace, William Garvey, Ohio	- - - - -	Scout Lake, Man.
Watson, Frank Robert, R.C.D.S. '99	- - - - -	Toronto, Ont.
Watson, Owen Clarence, R.C.D.S. '04	- - - - -	Campbellford, Ont.
Watson, Wilbur Samuel, Northwestern '15	- - - - -	Vancouver, B.C.
Weldon, Arthur Malon, R.C.D.S. '05	- - - - -	Peterborough, Ont.
Whitmore, Ernest O., Alberta '34	- - - - -	Victoria, B.C.
Wilson, Charles Beresford, R.C.D.S. '21	- - - - -	Toronto, Ont.
Wilson, W. G., Chicago '11	- - - - -	North Battleford, Sask.

REPORT

1. The pressures of society today are directed toward the establishment of a common denominator man. The man who endeavours to be individualistic runs the chance of being very unpopular. To be unpopular is counted a sin.
2. Advertising and much of what is called public relations are built upon the basis of man reduced to a mathematical formula. Thoreau once said "If you see a man approach you with the obvious intent of doing you good, you should run for your life." There is much to ponder in this statement under present day environment.
3. A tendency exists to attempt the measuring of everything in life. This is the way of the welfare state — equal portions to all. Traditionally the professional man has been an individualist. The gospel of the most good for the most people often runs contrariwise to the practitioner's training and habits of practice. He practises upon the basis of the most good for the individual for whom he is rendering services. This conflict between current social trends and the traditional way of the professional man constitutes in its various forms probably the most serious problem to be faced by the health professions.
4. Experience elsewhere indicates that an impasse in solving the conflict means solution from outside the profession, unsatisfactory as that may prove to be. Continuity of effort in experimentation, in planning, in research, in education, in the establishment of factual data and in ethical considerations is essential if this Association is to perform its proper function amidst the gradual environmental changes taking place.
5. Cursory review of this report for past years indicates that some attempt has been made to portray guiding principles and indicate ways and means of progression for the Association in the best interests of the profession. Care has been exercised to keep in mind the financial limitations. At all times Association monies must be carefully assessed and utilized to the best advantage. Request has been made that this year's report contain desirable objectives with disregard of present financial possibilities.
6. Probably the greatest need can be stated in one word, "facts". Proven factual data that can be adequately supported, correctly interpreted and properly presented is an essential need. These facts may be divided into two categories.
7. First, scientific facts are to be derived from research, basic and clinical. Due to Association foresight much headway has been made in this area and the position of the profession has improved considerably during recent years.

8. Second, a need exists for authentic statistical data related to all phases of dentistry. Such information is required to be current and readily available. The securing, development and presentation of statistical data in proved and acceptable form is an art in itself, outside the training of dentists. A bank of authentic statistical data is about the best form of insurance for a profession today. The use of such information is basic to practically all phases of Association work.

9. The development of the Association has now reached a stage where expansion of activities and alterations are plainly indicated. Resolutions already adopted by this Board show a realization of this fact. Up to the present, the work of the Association has been carried out through committees with creditable success. In our opinion much of the work will always be performed best through committees or councils but for the most part expert assistance is necessary. In certain instances committees find their allotted work most difficult to carry out and in order to function properly or ideally require the establishment of a bureau within the headquarters to replace or work with the established committee. The ideal administration would be expert personnel at headquarters for each area in which the profession is concerned, which is of course impossible. Therefore decision on any such move is a matter of choice in selecting the most important area. This point of administration has been realized for some time but for obvious financial reasons suggestion has been withheld.

10. Using as an example the matter of acquiring statistical information, this work is plainly indicated as a bureau activity. The establishment of such a bureau means the engagement of a qualified statistician. However it must be kept in mind that such an individual must be furnished the necessary tools for his work and consequently several items of the budget are immediately affected. Roughly it is estimated that such costs would equal the salary paid the individual employed.

11. Even at this date the idea appears current in some quarters that somewhere, somehow, some agency in some way is going to do for the profession freely what we must do ourselves if ever accomplished. The establishment of functional administrative personnel fully familiar with the different aspects of dentistry appears as a logical answer. Projects undertaken on the national level bring benefit to all provinces and often at a cost little more than the same effort on a provincial level.

12. These general statements are made in order to indicate progressive objectives for the future. In countries which have experienced radical alterations in health service the representative associations have been forced to employ expert personnel and make statement that such experts should have been employed long before the upheaval. In order to meet situations as they may arise the profession should be in possession of all possible information related to the profession and furthermore be able to present such knowledge in acceptable form.

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13. To summarize:

- (i) Experience of professional associations in various countries strongly indicates need of expert personnel for administration purposes.
- (ii) The services of expert personnel are required on a continuing basis — spasmodic efforts are costly and of little value in the long run.
- (iii) The type (or types) of personnel for special services should be decided upon a critical analysis of need.

14. International Activities

Since the last meeting two annual meetings of the International Dental Federation have taken place. These meetings have an increasing significance to the dental profession. Particularly is this true in view of the relationship of the F.D.I. to the World Health Organization. The World Health Organization has been actively engaged in dental affairs during the past year particularly in the fields of dental public health, auxiliary personnel and dental education. It is to be remembered that the membership of the World Health Organization is made up of national government appointees. The F.D.I. is affiliated with World Health Organization and acts in an advisory capacity on matters related to dentistry. The World Health Organization Report on Fluoridation and on auxiliary personnel issued during recent months are of great value to dentistry and illustrate the need of close liaison. Quite possibly in the past years some have thought in terms of doing good for our confreres in other countries which is a creditable objective but we should probably disabuse our minds of such ideas. Far healthier it will be to realize the fact gained from experience that international relations has rapidly become a link of vital importance to us. In addition to their own respective fields, the leading professions are giving tremendous leadership in international affairs thus making a contribution of real value to the common good.

15. Headquarters Activities

All phases of the work at headquarters have increased. Such statement probably means little to the average member without illustration. A few years ago a small printing plant was established at Headquarters in order to meet a definite need on an economical basis. This activity has increased until during the last year over one million pieces of printed matter were produced. Development from little or nothing to an operation of this magnitude indicates considerable growth. The distribution of literature on this scale should mean a great deal for the future of dentistry. Publications of the Association are sold on a cost of production basis. The item in the financial statement entitled "Pamphlets, reports and printing" includes all printing done by the Association with the exception of the Journal. Comparative analysis of annual financial statements shows that costs of printing operations have increased yearly. At the same time it is to be noted that the amount realized from sale has increased

substantially year by year. The result is that net cost of printing has remained substantially the same for several years. The Association is indeed fortunate in having the services of excellent personnel in this field of endeavour.

Rather fortunately the need for space in the Headquarters and the decision of the Royal College of Dental Surgeons of Ontario to purchase property to meet their growing needs have coincided. Also the Ontario Dental Association, who have occupied offices in the Headquarters, will move into the new Ontario building. As a result the Headquarters building will be occupied entirely by the Canadian Dental Association in the near future. The relationship has been most amicable but owing to the increased activities the building has become crowded and these changes will permit improved working conditions.

16. C.D.A. Retirement Savings Plan

(a) The adoption of the retirement savings plan represents at least seven years of continuous effort by the Association. The plan represents advantages to the tax paying professional man which are apparently not realized by a large proportion of the membership. Approximately 200 members have taken advantage of this plan up to the present time. In order to explain the plan the trustees, namely The Royal Trust Co., have offered to supply speakers for local dental societies and it is hoped that societies will take advantage of this offer. The trustees have stated that no attempt will be made to sell the plan in such talks and only explanatory information will be given. They are also cooperating in the forthcoming convention in supplying competent officials to advise members respecting the plan.

(b) In fairness it should be pointed out that one of the difficulties in establishing such plans is in overcoming high administrative costs. The C.D.A. had the advantage of an established affiliated insurance office. Initially this office made an agreement to share the administrative costs with the Association. Later the Association was notified by the C.D.A. Pension Assurance officials that the entire administrative cost would be borne by them with no charge to the Association. When it is realized that there is no possible profit to be derived in handling these monies the full meaning of this most creditable attitude and action will be understood. This action by our insurance office is in harmony with the experience of the Association in all matters relating to the Pension Assurance Plan.

17. Personnel

(a) The number of dentists in Canada increased by 83 during the year 1957 while the population increased by 500,000. As a consequence the ratio of dentists to population worsened from 1:2934 to 1:2981.

(b) The first indication of improvement in the situation lies in the fact that two dental schools have increased the number of students admitted this

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fall and the new school at University of Manitoba has admitted its first class. The effect of these increases in number of students in improvement of ratio of dentists will not become apparent for at least four to five years. In the meantime it is anticipated that the ratio situation will worsen.

18. It is the desire of the headquarters staff that expression of their appreciation be made for the courtesies and recognition given of their efforts which have appeared to be rather abundant during the past year. It is largely through staff loyalty and interest that the work has been accomplished.

19. This report is informational in character and no specific recommendations are contained herein.

COMMENT and ACTION

1. & 2. Noted.

3. & 4. Agreed.

5. We note this paragraph and subsequent observations will be based on the premise of the last sentence.

6. 7. & 8. Agreed.

9. 10. & 11. We concur.

12. Informative and we also heartily agree with the last sentence.

13. The following resolution is presented:

Whereas experience of professional associations in various countries strongly indicates need of expert personnel for administration purposes, and

Whereas the services of expert personnel are required on a continuing basis as spasmodic efforts are costly and of little value in the long run, and

Whereas the type (or types) of personnel for special services should be decided upon a critical analysis of need, therefore be it

Resolved that the Association takes the necessary steps indicated by its needs and this as soon as possible.

ADOPTED

14. We present the following resolution:

Whereas our country plays an important part in international affairs of the world, on political and social levels, and

Whereas the trend exists today all over the world for unity and exchanges on an international basis, therefore be it

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Resolved that the Canadian Dental Association continues and accentuates its relationship with international organizations such as the F.D.I. and the W.H.O.

ADOPTED

15. We congratulate the staff on the excellent work they have been doing and also rest assured that it will be most happy with the improvement of the working conditions.
16. (a) An effort should be continued along this line.
(b) Noted with gratification.
17. (a) Depressingly informative.
(b) Still more depressing.
18. We concur entirely and wish to express our appreciation and thanks to the staff for the magnificent effort given during the last year.
19. Informative.

We recommend the adoption of the Secretary's report with recommendations.

APPROVED

MEMBERS: *A. G. Racey, Chairman, Montreal, P.Q.; G. M. Dewis, Halifax, N.S.; K. M. Johnson, Winnipeg, Man.; C. L. Strachan, London, Ont.; J. P. Whyte, Swift Current, Sask.; W. J. Langmaid, Oshawa, Ont.; R. Langlois, Quebec, P.Q.*

REPORT

1. Since the last meeting of the Board of Governors in Winnipeg the Executive Committee has met on three occasions. Following is a report of its activities.

2. Registered Retirement Savings Plan

In November of last year, with the advice of an independent firm of economists, your Executive drew up and adopted the Canadian Dental Association Retirement Savings Plan. A booklet containing the details of this plan has been distributed to the membership of the Association. Dr. R. P. Lowery and Dr. P. G. Anderson were appointed as advisors to the Association.

3. D.V.A. Fee Schedule

Representatives of the Executive met in Ottawa last November to discuss revision of the fee schedule with officials of the Department of Veterans Affairs and other departments. This meeting resulted in an upward revision in most items. This has been approved by the representatives of both organizations. Details are appended in Appendix A.

4. Policy Statement on Auxiliary Personnel

As requested by resolution at the last Annual Meeting a Canadian Dental Association Statement of Policy concerning Auxiliary Personnel has been prepared for the consideration of the Board of Governors and will be found in Appendix B.

5. Civil Defence

Correspondence has been carried out with government officials and the appointment of a dentist to the staff of the Federal Administrator of Civil Defence is anticipated.

6. Reserve Fund

A total of \$20,500 was transferred to the Reserve Fund during 1957. Although funds have been transferred to reserve in reasonable amounts recently, increasing expenses and commitments made now together with some future decrease of revenue (e.g. Royal College of Dental Surgeons of Ontario to move out of Headquarters) will cause reduced amounts to be available for transfer to reserve in the future.

7. The Executive Committee has approved a motion that the Chairman of

the Finance Committee and the Secretary be authorized to transfer monies from the general account to the reserve account when considered feasible.

8. Dentistry for Children

In accordance with the comment made at the last annual meeting the Canadian Dental Association's Section on Dentistry for Children is represented on the program for the 1958 Convention.

9. Salaries of Dentists in Public Health Activities

It is not considered appropriate that the C.D.A. take any official action on this subject at present as far as federal employees are concerned. Discussions which have occurred have been on a confidential basis.

10. Legal Activities of the Association

A review of the Terms of Reference of the Legislation Committee is under consideration, with no action recommended at present.

11. Film Library

An estimation of costs involved was considered and it was felt that action should be delayed until after the financial report (1957-58) was received.

12. Civil Service Commission Classification

(a) The Executive Committee of the Canadian Dental Association has signified opposition to the establishment of a classification of dental practitioners by the Federal Civil Service Commission which would include individuals who have not met requirements for licensure in any province in Canada.

(b) Application from an undetermined source was made to the Commission to set up a classification for such individuals.

(c) The President and the Secretary discussed this matter with a representative of the Commission and appeared to arrive at a satisfactory understanding. However the matter is not settled and a further statement has been submitted to the Civil Service Commission by the Association.

13. 1957 Convention

The report of the 1957 Convention Committee was received and approved. We extend our congratulations to Dr. J. Rumberg for a most successful meeting and our appreciation for the effort and enthusiasm of all who worked to make this possible.

EXECUTIVE

14. 1958 Convention

The Chairman, Dr. Roger Charette, presented the report of the 1958 Convention Committee. He and his Committee were commended for the excellent progress reported.

15. Honorary Membership

Dr. Guelph Armitage of Montreal was proposed for honorary membership.

16. Installing Officer

Dr. A. J. Coughlan of St. John, N.B. was appointed installing officer for 1958.

17. Past Presidents' Meeting

The proposal was approved that in future, at the Canadian Dental Association Conventions, a breakfast for all past presidents be arranged, with the Immediate Past President acting as Chairman and reporting to the Executive.

18. Future Annual Meetings

Invitations which have been accepted for future annual meetings are listed in Appendix C.

19. War Memorial Award

(a) Winners of the War Memorial Awards were announced by the Chairman of that Committee:

1st prize: Jack G. Dale, University of Toronto

2nd prize: Paul R. Shunock, University of Toronto

Honorable mention: E. V. Dolinsky, University of Alberta.

To these men we extend our heartiest congratulations.

(b) The title for the War Memorial Award essay for the coming term, "The influence of anatomical structures on the development of periodontal disease" was approved.

20. International Dental Federation

It was approved that the Secretary be appointed official C.D.A. delegate to the F.D.I. meetings in 1958, 1959, and 1960.

21. Conference of Provincial Secretaries

A resolution by the Health Insurance Studies Committee regarding an annual conference of provincial secretaries was approved in principle.

22. **C.D.A. Pension Assurance Plan and C.D.A. Retirement Savings Plan**

Mr. Staddon, Administrator of the C.D.A. Pension Assurance Plan reported to the Executive. Details of this are appended as Appendix D.

23. **Research Committee**

An interim report of the Research Committee was presented by the Chairman Dr. Paynter. A request for an additional \$1,000 to be used for an approved studentship was granted.

24. **Directory**

It has been suggested that the Directory be published annually. A report on the feasibility of this policy will be found in Appendix E.

25. **Finance**

(a) The report of the Chairman of the Finance Committee Dr. S. J. Phillips was presented.

(b) The budget for the coming year was prepared for submission to the Board of Governors.

(c) The Auditors statement for 1957 was approved and the firm of Thorne, Mulholland, Howson and McPherson was reappointed for the coming year.

26. **History of R.C.D.C.**

The secretary reported that the sales of this book total about \$1,900 to date.

27. **Application for Section**

An application from the Canadian Academy of Periodontology to become a section of the Canadian Dental Association was approved for presentation to the Board of Governors pending receipt and approval of their by-laws. This application together with proposed by-laws is appended in Appendix F.

28. **Official Number of Annual Meeting**

The official number of the Annual Meeting held in 1958 is designated as 57th Annual Meeting.

29. **National Cancer Institute**

The appointment of Dr. C. H. M. Williams as our representative to the National Cancer Institute was confirmed.

EXECUTIVE

30. **Negation of Official Actions of the Association**

A resolution regarding the negation of official actions of the Canadian Dental Association is presented with recommendation for adoption. Appendix G.

31. **Distribution of Governors Letter**

A considerable number of requests to be placed on the mailing list of the Governors Letter have been received. The Executive approved distribution to the Secretaries of local societies on a free basis with additions other than those on the complimentary list to be made at a charge of \$2.00 per annum. Consideration of this matter will be found in Appendix H.

32. **Canadian Conference on Children**

The Canadian Conference on Children requested endorsement by the Canadian Dental Association. After review of the nature and objectives of this conference this activity was endorsed and reference made to the Committee on Dental Public Health.

33. **Dominion Council on Health**

A resolution was received from the Council on Health expressing concern respecting recruitment of health personnel and requesting information regarding activities of the Canadian Dental Association in the matter. The Executive directed that reply be made stating related statistics and various efforts being made by the Association.

34. **Royal Canadian Dental Corps Association**

It was most gratifying to receive from this Association resolutions approving the policy of the Canadian Dental Association regarding civil defence and recommending that Department of National Defence policy re training of R.C.D.C. officers be consistent with C.D.A. policy.

35. **Industrial Relations and Disputes Investigation Act**

Over a considerable number of years information has been received on several occasions to the effect that effort was being made to have this Act amended to bring professional men under its provisions. Last fall the Association was again so informed. Upon inquiry reply was received from the Minister of Labour stating that such action was not contemplated and that the C.D.A. would be consulted before changes were made.

36. A considerable number of other matters were dealt with in accordance with adopted Association policy.

37. **Executive Committee**

We deeply regret the resignation of Dr. C. L. Strachan from the Board

of Governors and consequently as a member of the Executive Committee. To him we express our sincere appreciation for his efforts and devotion to the Association.

38. To the Executive Committee, the Secretary and the Headquarters Staff go my personal thanks for their ever present guidance and encouragement for it is mainly through their efforts that any accomplishments have been achieved during my term of office.

DEPARTMENT OF VETERANS AFFAIRS

Schedule of Dental Fees for payment to Civilian Dentists

(1) Unless otherwise directed, the schedule of fees in this Section shall apply to the payment of accounts for authorized treatment and in the collection of recoverable charges.

(2) Fees for dental operations other than those listed and fees in excess of those allowed for similar operations must be approved by the Director.

(3) The dentist is expected to assume responsibility for all restorations and appliances for a reasonable period after completion.

(4) The letters in parentheses have been inserted as a cross reference to the explanatory comments upon certain items.

(a) Diagnosis and report	\$ 3.00
Professional visit — Home or hospital	5.00
(b) Treatments	
(1) Prophylaxis (Includes scaling and polishing)	\$3.00 to 5.00
(2) Periodontal treatment	
Fee to be set by District Chief of Service — Dentistry	
(3) Emergency (Palliative)	3.00
(4) Pulp Cap	3.00
(c) Radiograms and Diagnosis	
(1) Single intra-oral film (Bite-wing or Apical)	3.00
(2) Each additional film	1.00
(3) Complete series, upper or lower (7 films)	7.00
(4) Full mouth series (14 films)	12.00
(d) Surgery	
(1) Extraction under local anaesthesia	
First tooth in each quadrant	4.00
Each additional tooth in same quadrant	1.00
(2) Extraction under General Anaesthesia	
1 - 3 teeth	7.00
4 - 8 teeth	10.00
8 - 16 teeth	15.00
Over 16 teeth	20.00
Oral surgery, including impactions and fractures.	
Detailed report and radiograms are required. Fee to be set by Director.	

(3)	Extirpation of pulp, treatment and filling of root canal. Fee to be set by the District Chief of Service—Dentistry.	
(e)	Single tooth restorations	
(1)	Amalgam (1 surface)	3.00
(2)	Amalgam (2 surfaces)	6.00
(3)	Amalgam (3 surfaces)	8.00
(4)	Silicate	6.00
(5)	Acrylic	6.00
(6)	Inlay or foil, gold (1 surface)	15.00
(7)	Inlay or foil, gold (2 surfaces)	20.00
(8)	Inlay or foil, gold (3 surfaces)	25.00
	Crown, gold, cast occlusal	25.00
(9)	Crown, gold, anterior	25.00
	Crown, gold, repair, including recementation	10.00
(10)	Crown Porcelain Jacket	50.00
	Crown Porcelain Jacket Remake	25.00
(11)	Crown Acrylic Jacket	35.00
	Crown Acrylic Jacket Remake	20.00
	Recementing inlay or crown	5.00
(f)	Fixed Bridges (Attachments as in (e) of this section)	
	Pontic (Including soldering to attachment)	15.00
	Repair bridge using new unit (abutment or pontic.)	
	Regular fee, as above, for new unit plus assembly, solder and recement	
	— 1 abutment	5.00
	— 2 or more abutments	7.00
	Replace porcelain facing	5.00
	Recement bridge with one abutment	5.00
	with two or more abutments	7.00
(g)	Removable partial dentures (attachments as below)	
	Base and teeth	40.00
	Clasp, with rest, cast or wrought gold	10.00
	Bar, gold wrought assembled	10.00
	Bar, cast	20.00
	Remake partial denture (using teeth and attachments of present denture)	35.00
	Reline partial denture	18.00
(h)	Complete Denture	
	Upper or lower, each	60.00
	Upper or lower, Remake (using teeth of present denture)	55.00
	Upper or lower, Reline or Rebase Processed	25.00
	Upper or lower, Reline or Rebase Self-cured	10.00

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(i) Repair Denture, partial or complete	
Base only	7.00
Each tooth replaced, add	2.00
Repair or extension requiring an impression of the arch, add	5.00

The following are explanatory comments and specifications for dental operations; the letters in parentheses referring to similar cross-reference lettering on the fee table.

- (a) Before making an authorized examination, dental surgeons must remove such calculus or debris as is necessary to permit making an accurate diagnosis and report; the report must be complete in all details (see page 4 of Form DVA TS 467), otherwise a fee for examination will not be allowed.
- (b) (1) a prophylaxis is to be interpreted as the removal of calculus plus the polishing of the teeth and is authorized only when no morbid changes requiring periodontal treatment are anticipated. It may not be construed as an additional fee to that authorized for other periodontal treatments. The \$3.00 fee will apply when there are few teeth present, or polishing only is required.
- (b) (2) Periodontal treatments may be authorized *only* following receipt of a recommendation from the operator which clearly indicates the necessity for such treatment by a detailed report of the present periodontal condition, the proposed treatment and the prognosis.
- (b) (3) Departmental responsibility for emergency treatment is limited to veterans and others who are eligible to obtain treatment at public expense.
- (b) (4) Fees for emergency treatment, other than palliative, shall be allowed in accordance with fees provided for the respective operations carried out.
- (b) (5) The fee for pulp caps is to be allowed only when there is actual pulp involvement and where there is a reasonable chance of pulp preservation. A recognized pulp capping material is to be used.
- (c) (1)-(4) Radiograms are to be authorized by CSD when required as an aid in diagnosis. Films which are distorted, or which fail to show sufficient area to be of value as an aid to diagnosis, or which are not clearly marked with the name and number of the patient and the date, are not to be accepted nor paid for.

- (d) (1) Extractions are ordinarily to be made under local anaesthesia. Extractions without an anaesthetic should not be undertaken. The maximum fee for extractions in any case is not to exceed \$30.00.
- (d) (2) General anaesthetics are to be authorized only in exceptional cases.
Anaesthetist's fee will be submitted as a separate account to Admission Services for payment.
- (d) (3) Extirpation of pulp and root canal filling will be authorized only in exceptional cases where CSD is satisfied that a successful result may be expected. The treatment must be carried out by a capable operator using a standard accepted technique.
- (e) The use of rubber dam in the insertion of all fillings is advocated.
- (e) (1) (2) (3) Cavities to be filled with amalgam shall have, where indicated, a protective base against thermal shock inserted at no additional charge. All fillings must be properly contoured, have a correct contact point, and must have grooves and cusps carved to occlusion. The maximum fee for amalgam fillings in any one tooth surface shall not exceed \$3.00; nor shall the maximum fee for amalgam fillings in any one tooth exceed \$11.00.
- (e) (4) (5) Teeth to be restored with silicate or acrylic shall have the pulpal wall protected with radiopaque material impervious to the filling ingredients at no additional charge. The maximum fee for such restorations for any one tooth shall not exceed \$12.00.
- (e) (6) (7) (8) Gold used for inlays and abutments is to be of approved A.D.A. metallurgical standards. Inlays not used as bridge abutments are to be authorized only for the six anterior teeth, upper or lower, where the incisal edge or angle is involved. (For R.C.M. Police members, inlays may be provided for the eight anterior teeth, upper or lower.) Inlays for posterior teeth may not be authorized except for use as bridge abutments.
- (e) (9) Biting surfaces of crowns must be heavily reinforced with 18K solder.
- (e) (10) (11) Jacket crowns may be authorized by the Director where they are indicated and indispensable for the preservation of the vitality of teeth.

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- (f) Fixed bridges may be authorized for replacement of any of the six anterior teeth, upper or lower, except in the case of R.C.M. Police members, where any of the eight anterior teeth, upper or lower, may be replaced by this type of restoration.
- (g) Partial denture, either arch, may be authorized only where three or more artificial teeth are used in its construction.
- All clasps must grasp opposing convex surfaces (double arm) and have a rest to prevent gingival displacement. Cast clasps and bars to be authorized only where anatomical or occupational conditions demand their use. Gold bars must be of approved A.D.A. metallurgical standard and not what are commonly termed "gold cased" bars.
- (g) (h) (i) In the construction of removable appliances, a recognized and accepted dental technique is to be followed. Recognized brand materials and teeth of highest quality only are to be used.

Appendix B

Policy Statement on Auxiliary Personnel

Introduction

At the annual meeting of the Canadian Dental Association held in Winnipeg, June 1957 the following resolution was adopted:

"Whereas there is an acute need for a Statement of Policy concerning Auxiliary Personnel in respect to (a) types (b) training, and (c) relationship to the dental profession, therefore be it

Resolved that a Canadian Dental Association Statement of Policy concerning Auxiliary Personnel be prepared at the earliest possible moment at the direction of the Executive." (see page 54 CDA 1957 Transactions)

In respect to the training of dental technicians the following resolution was adopted at the same annual meeting.

"That this Council (on Dental Education) recognize the need for the establishment of training courses for dental technicians and that in the opinion of this Council such courses of training should be given in vocational institutes with members of the dental profession, including staff members of dental schools, cooperating in the instruction." (See page 66 CDA 1957 Transactions)

Official actions on the subject of Auxiliary Personnel appearing in the Annual Transactions are as follows: (Extracts from CDA Transactions)

1956

On report of Committee on Auxiliary Services (Trans. P. 60)

"We concur and recommend that the Board of Governors bring to the attention of the corporate members of the Association the undesirability of presenting private bills relating to the practice of dentistry."

On report of Dental Public Health Committee (Trans p. 116)

"That the Committee be commended for their study of the New Zealand Dental Nurse Plan: that the comments re same be noted and that this Committee recommend to the Executive of the C.D.A. that, as soon as possible, direction be given to the proper committee to study this Plan in relation to the whole subject of Auxiliary Services."

Executive Minutes February 13th, 1957:

"That in our opinion further detailed study of the New Zealand Dental Nurse Plan is not necessary at this time, however, we are definitely of the opinion that the whole question of auxiliary personnel requires extensive investigation as to type of personnel required, methods of training and designation of field of operation. Further it is our opinion that your committee should proceed to investigate the various issues arising constructively directed toward the establishment of policy and at least report progress at the next annual meeting."

1955

On report of Committee on Auxiliary Services (Trans p. 53)

- "Whereas (a) the modern concept of dental care of children involves consideration of growth and development and is therefore too important to delegate to personnel with limited training in basic sciences
- (b) The training of the New Zealand type of dental nurse requires training facilities comparable to those required to train dentists
- (c) In the light of the cost of training such personnel and in view of the limited type of service which they can render, the proposal is considered economically unsound and not in keeping with the present proven concept of child dental care and

Whereas since the New Zealand dental nurse scheme was mooted, 40 years ago, the emphasis in dental care has shifted from treatment to prevention, and,

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Whereas there exist such proven preventive measures as proper oral hygiene, sound dietary practices, topical application of fluorides, scaling and polishing of teeth, dental inspections and early referrals for treatment, and,

Whereas these and other preventive services for both adults and children can be delegated to ancillary personnel, the dental hygienist who can be adequately trained in a two year course with few additions to dental school equipment, staff and space, and

Whereas the services of the dental hygienist fit into the modern concept of dental care and she can increase by 40% the technical service which the dentist alone is qualified to render, without delegating to her any services which are beyond the scope of her training, therefore be it

Resolved that the Canadian Dental Association recommend the employment of dental hygienists but do not approve the principles involved in the New Zealand Dental Nurse Plan."

On report of Committee on Auxiliary Services (Trans p. 54)

"Whereas, in many provinces, the ethical dental labs are poorly organized on a provincial basis, therefore be it

Resolved that the Provincial Dental Legal Bodies be requested to co-operate with and offer assistance to the ethical dental labs in the conduct of their organization."

"We recommend that the Auxiliary Services Committee be charged with the responsibility of establishing liaison between the provincial legal bodies for the purpose of combatting illegal practice."

1954

On report of Committee on Auxiliary Services (Trans. p. 146)

The following recommendations were adopted:

- "(1) That the Canadian Dental Association adopt a policy of urging the component provincial legal bodies to enforce the prescription clauses in their Acts or by-laws where such regulations are in force and where not that the provincial legal body be asked to publicize amongst its members the advantages of this system and urge its members to use it on a voluntary basis.
- (2) That the Canadian Dental Association impress on its component legal bodies the urgent necessity of having its members report immediately any infraction of the provincial dental practices Act, together with all circumstances in connection therewith.
- (3) That the Canadian Dental Association approve the principle of licensure of technicians, provided the proposed legislation is in harmony with ethical dental practice.

- (4) That in those provinces where licensure is in effect the provincial legal bodies should discuss with the Technicians Association the advantages of closer cooperation in regulating illegal practices.”

1953

No official action taken

1952

No official action taken

1951

No official action taken

1950

On report of Committee on Auxiliary Services (Trans. p. 150)

“We reiterate the stand of the C.D.A. that all auxiliary dental personnel remain under the direction of the dental profession.”

“That the matter of legislation and pending dental legislation as referred to in the report of the Committee on Auxiliary Services be referred to the Executive Committee for discussion and action”.

(Minutes of Executive May 15th 1950 — That the Committee on Auxiliary Services be requested to study and report upon developing legislation regarding the various auxiliary services.)

Policy Statement on Auxiliary Personnel

Preamble

Change may not always mean improvement but no advancement is made without alteration in habitual customs. Leadership for improved service should originate within the profession and an alertness for public beneficial measures must always form the essential part of professional deliberations.

Many dentists recollect when the dentist practised alone doing all that happened in his office including the fabrication of prosthetic appliances. A progressive development of auxiliary personnel has occurred and this will continue to increase. Today there exist four types of auxiliary personnel employed by the dentist in his practice, namely — the dental laboratory technician, dental hygienist, dental assistant and dental secretary and/or receptionist.

General Statement

In the considered opinion of the Association, the best interests of the public demand that dental care be provided under the responsibility of the one group of persons qualified by education, licensure and experience to have full regard for the dental and total health of the patient. This best interest of the public will not be served by fractionating this responsibility of the dental

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profession for this can lead only to a lowering of the standard of service to the patient.

This concept requires, therefore, that all auxiliary personnel used in making dental service available should serve as personnel integrated under the supervision or direction of a fully qualified dentist.

The diagnosis and prognosis of dental conditions and diseases must always be the responsibility of the best qualified person, namely the dentist. Treatment procedures must be controlled by the dentist with only such delegation of duties to auxiliary personnel as are permitted by statute and ethics.

Dental Laboratory Technician

The dental laboratory craft was developed under the initiation of the dental profession to assist in meeting the demand for dental health services. The dental laboratory technician serves in an adjunctive capacity to the dentist who is thus enabled to increase his service to the public. It is clear, therefore, that the best interests of the public are served by a strengthening of the adjunctive bond which exists between the dentist and the dental laboratory technician.

The Canadian Dental Association is of the opinion that the development of improved training programs would increase the efficiency of the dental laboratory technician and provide a better educational and economic base on which to build a better service to the dental profession for the public.

To meet these common objectives in the interests of the public, the Canadian Dental Association supports:

1. The establishment of formal training courses for dental laboratory technicians in vocational institutions, with members of the dental profession, including staff members of dental schools, cooperating in the instruction.
2. The efforts of dental laboratory technicians toward the procurement of legislation when such efforts do not jeopardize the right of the dental profession to render dental health care to the public.
3. Measures to improve the educational and economic base of the dental laboratory technician and of the dental laboratory craft.

In the interests of public health and welfare, the Association will oppose: All efforts of a legislative nature or otherwise designed to permit or allow the actual practice of dentistry directly for the public by other than fully trained and qualified members of the dental profession.

The Canadian Dental Association officially recognizes the valued contribution of dental laboratory technicians to the improvement of the service which the dental profession renders the public and will actively support all

constructive objectives for the betterment of the vocation in line with this stated policy.

Dental Hygienist

Through the efforts of the profession, legislation permitting the practice of dental hygiene has been adopted in Canada. In addition the course of training has been established under university discipline. As has been proved, the qualified dental hygienist is a real adjunct to dental practice, of inestimable value in the saving of time for the dentist and providing certain important service to an increased number of the public. The need for increasing the number of graduates in dental hygiene is fully recognized.

The policy of the Canadian Dental Association is

1. To support actively the establishment of courses in dental hygiene under university discipline.
2. To assist in the professional development of dental hygienists in any feasible manner.
3. To encourage the employment of dental hygienists both in private offices and in public health programs in order to make available increased dental health services for the public.
4. In general to foster all ethical interests of dental hygienists.

Dental Assistant

The dental assistant probably represents the first type of auxiliary personnel employed by the dentist. The type of training has remained largely on an apprenticeship basis with a few being trained in formal courses. This latter group is recognized as dental nurses. The opinion is strongly expressed that the efficiency of the dental assistant would be greatly increased by the establishment of training courses.

Many assistants have contributed greatly to the success of dental practice, increasing the efficiency of dental services to the public. Considerable responsibility rests with the dental assistant for public opinion on dental services. The dental assistant is recognized as a requirement in the dental office.

The duties of the dental assistant vary somewhat in different offices. In offices where a dental secretary is employed the work of the dental assistant is for the most part chairside assistance. While in offices where only an assistant is employed, she necessarily acts as receptionist, secretary and chairside assistant in varying proportions of time.

The policy of the Canadian Dental Association is

1. To encourage the development of the dental assistant's status within the dental profession.

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2. To assist in developing suitable courses of training for dental assistants.
3. To encourage the employment of dental assistants by dentists in the interests of improved dental services.
4. In general to promote all ethical endeavours for the betterment of dental assistants for employment in dental offices and in public health activities.

Dental Secretary

The employment of auxiliary personnel in the dental office is dependent upon the size and character of practice as to number of such personnel which can be adequately utilized. Many dental offices employ a dental assistant and a dental secretary. In such offices the dental assistant devotes practically her full time to chairside assistance. The dental secretary is responsible for records, telephone service, appointments and acts as receptionist. The Canadian Dental Association is of the opinion that, where the practice warrants, the employment of both the dental assistant and dental secretary makes for increased efficiency in rendering services.

The opinion of the Canadian Dental Association is

1. That a dental secretary should be employed wherever feasible in dental offices.
2. That the dental secretary should possess business training before employment.
3. That increased use of dental secretaries should be made in the interests of improved service.

Conclusion

Developments in the field of health services have become accelerated greatly during recent years. An increased demand for dental services exists and improved economic conditions have contributed to the demand. The public pressure for increased health services is signified by the activity and proposed actions of government in the health services field. All of which pre-supposes a real need to search ways and means of supplying adequate dental service under acceptable conditions for the public. The development and employment of auxiliary personnel in a satisfactory manner represents a large factor in the solution of the problem.

The above statement represents the present opinions of the Canadian Dental Association. It is recognized that modifications may become necessary in order to meet changing conditions. The policy of this Association will be to make continuous study of this important subject and to affirm that the primary consideration in the allotment of work to auxiliary personnel will be the best interests of the patient.

Location of Annual Meetings

1945	-	-	-	-	-	Winnipeg	1951	-	-	-	-	-	-	Ottawa
1946	-	-	-	-	-	Toronto	1952	-	-	-	-	-	-	Vancouver
1947	-	-	-	-	-	Digby	1953	-	-	-	-	-	-	Montreal
1948	-	-	-	-	-	Murray Bay	1954	-	-	-	-	-	-	St. Andrews
1949	-	-	-	-	-	Saskatoon	1955	-	-	-	-	-	-	Toronto
1950	-	-	-	-	-	Toronto	1956	-	-	-	-	-	-	Banff
						1957	-	-	-	-	-	-	-	Winnipeg

Confirmed Annual Meetings

1958	-	-	-	-	-	Montreal	1963	-	-	-	-	-	-	Toronto
1959	-	-	-	-	-	Halifax	1964	-	-	-	-	-	-	
1960	-	-	-	-	-	Ottawa	1965	-	-	-	-	-	-	Quebec City
1961	-	-	-	-	-	Saskatoon	1966	-	-	-	-	-	-	
1962	-	-	-	-	-	Vancouver	1967	-	-	-	-	-	-	Toronto

**Sixth Annual Report to the Trustees of the
Pension-Assurance Plan and Blue Cross Plan**

I am grateful for the invitation to present the sixth annual report to you at this Executive Meeting, as my attendance here does afford the opportunity of looking behind and beyond the bare facts submitted.

Statistically, 1957 was not a highly successful year, although it probably saw more steps taken towards future consolidation of the Plan than any previous year, as well as one or two happenings which are likely to pull in the opposite direction. These factors are mostly known to you and will be referred to in their proper context later in the report.

When I met you last year, I referred to the fact that it was intended to move the Plan Administration Offices from Brockville to Toronto. This move

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was made in mid-1957 with the opening of the office at 2249 Yonge Street and I am pleased to say that the move entailed very little disruption of work and we were able to bring our male staff with us from Brockville. This has resulted in personal contact being made with far more members than had previously been possible, but on the other hand, I should still like to hear from more, now that so many can be seen at short notice.

In the West, it was unfortunate that Mr. Howard decided to end his successful association with us, as this would appear to have directly resulted in a marked lessening of response from British Columbia and Alberta. I was able to interest Mr. W. Russell Fisher, C.L.U., of Vancouver, in looking after the area, but as we were unable to keep him full-time, the Department of Insurance for British Columbia will not permit him to secure applications under this Plan, as well as being licensed for another Company. He could deal with Sickness and Accident but not Life and Pensions, so it seems we still have the problem which arose following Mr. Howard's resignation and a solution is not yet in sight other than giving the best service we can through the mail. This has been found quite adequate as far as the enquirer is concerned, but does allow any procrastination to delay, or even defer indefinitely, completion of the case.

The majority of practising dentists have available to them membership in a Group Disability coverage. These are arranged with various Underwriters throughout the country on a Provincial or other local association level. It is understandable that these Provincial and local organizations should wish to have a Group in operation in order to enable their otherwise uninsurable members to secure a minimum protection even though the benefits are normally very limited and the Group is open to cancellation. However, it is surprising that these limited Plans should be presented to the membership as 'basic' and 'broad, all-inclusive' coverage, with the endeavour being made to have the individual buy all his disability protection on this restricted, cancellable basis. It has been made clear to us that members have not understood the restrictions and limitations applicable to these offerings, and it is significant that we have not lost any of our policies where the dentist concerned has asked us to make a comparison for him. The trouble is that for every 1 who takes the trouble to investigate, there are probably 10 who follow the recommendation, implied or otherwise, of their local insurance committee. We therefore propose, where we have full particulars of such Group Plans, to circularize those to whom it is available, and point out the shortcomings. In brief, not everyone can secure the broad scope of coverage of the C.D.A. non-cancellable contract, but those who can, most certainly should. There is an undeniable use for the cheaper, restricted, and cancellable Group contract, but its use should be limited to supplementing an individual's personal non-cancellable contract, and not replacing it.

Last year I made reference to the Dental Students Scheme and commented that its introduction was likely to provide a marked stimulus to the future growth of participation in the Plan as a whole. This Scheme is meeting

with a mixture of success and failure. Participation from Toronto and McGill is maintained at a very satisfactory level. However, there has been practically no response from University of Montreal and Dalhousie, and at Alberta, where for the graduates of 1956, 1957 and 1958, participation was highest, the class of 1959 did not apply, although we can try them again when the next term begins. It is difficult, without personal interview to ascertain the reasons for this lack of response from these three centres but it is quite possible that competition from NFCUS is the reason. Our Scheme is certainly more advantageous than NFCUS in several respects, and perhaps when this is better understood, we will recover any ground we might have lost and even progress to secure the interest of the graduates from the Faculty at the University of Montreal.

The year 1957 saw the introduction of the long sought for concession of deductibility of contributions to a retirement savings plan. Everyone holding a C.D.A. Plan Pension Policy was given the opportunity of registering it as a retirement savings plan to secure deductibility and about 30% have done so. With new contracts, the applicant has the choice of registering or not as best suits his circumstances.

The last Executive Meeting I was privileged to attend dealt with the inauguration of the Canadian Dental Association Retirement Savings Plan, details of which are familiar to all of you. As you know, a descriptive booklet was circulated to the entire membership in December last year and 190 applications were received with contributions of \$121,460 applicable to 1957 for tax purposes. This is only a small proportion of the total number of members to whom this really attractive Plan should appeal. The time element probably kept the figures so low and I think we can expect a considerable increase in the membership this year.

You may remember that the Blue Cross Authorities found it necessary to make an increase in premiums which became effective 1st January 1957. A further increase effective 1 January 1958 was notified which added \$4.20 a year to a Family contract. As it was then known that the Ontario Hospital Services Commission Plan was due to start in 1959, I objected to this increase which had been calculated on the basis of making some contribution to reserves, and in the end we were allowed to carry on through 1958 without any increase. It is interesting to note that in 1957, over 95% of every dollar received by the Blue Cross for the C.D.A. Group was paid out in claims, so that when allowance is made for administration, it becomes obvious that an increase was again warranted.

There were over 750 claims payments made for hospitalization at an average cost of \$153.00. The largest payment amounted to \$2,779.61 where the stay in hospital was 146 days.

The introduction of the Provincial Plans will involve major changes in the makeup of our Group. At present we have a uniform Hospitalization,

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semi-private care contract at uniform cost for Ontario, Quebec, the Maritimes and Manitoba, with the option of adding a Medical and Surgical in-Hospital schedule in the first three. As from 1 July 1958, the Manitoba Hospital Services Plan comes into effect. Very little definite information has so far been made available to us, but I have been given to understand that the benefits will be very similar to those in Ontario. It is also expected that we will be able to offer Manitoba members the coverage between the Provincial standard ward Plan and unlimited semi-private ward care. As soon as we have definite news, it will be passed on to Manitoba members. These remarks apply to some extent to the Maritimes also, but as the inception dates are not before 1 January 1959 there is not the same urgency. Quebec has not yet taken any action so will continue as at present, and Ontario commences its Provincial Plan on 1st January 1959. In Ontario, the Plan Administration Office will be permitted to collect the Commission's premiums as well as the supplementary Blue Cross and all members resident in Ontario will shortly receive full information from us.

The following figures will give some idea of the strength as at 31st December 1957 of our various operations in the field of economic security for dentists.

Contracts in force — C.D.A. Pension-Assurance Plan - - - -	946
Members C.D.A. Blue Cross Group - - - - - - - -	2,161
Members C.D.A. Retirement Savings Plan - - - - - - - -	190

Premiums received in 1957:

Canadian Dental Association Pension-Assurance Plan - - -	\$213,593
Canadian Dental Association Blue Cross Group - - - - -	169,016
Canadian Dental Association Retirement Savings Plan (for 1957 tax purposes) - - - - - - - - - -	121,460

It is possible to end on a more cheerful note than I started this report if a glance into 1958 is permitted. Applications received in the first four months of 1958 are well ahead of the same period last year. Further improvements were made early in 1958 in the rates for practically all Life and Pension policies, and the savings we can offer in comparison with competitors is such that any dentist taking his average program entirely with the Plan would save in the region of \$30.00 against taking the same benefits elsewhere. Our job, and apparently our difficulty, at the Administration Office, is to see that this fact becomes more generally known and understood.

In addition to the financial advantages, I do not think it an exaggeration to claim that no other body of professional men has had made available to them as a result of the interest and thoroughness of its National Executive, a plan as all-embracing, as flexible or as economical as that which you have sponsored and recommended to your membership.

My thanks are due to all of you for your continued interest and assistance, as well as to individual members all across the country who have themselves become familiar with the advantages of the Plan and who do not hesitate to pass on this information to their fellow members.

Respectfully submitted,

J. T. STADDON,
Administrator.

Appendix E

Report on Directory of The Canadian Dental Association

It has been the policy of this Association to publish its Directory biennially and to sell copies at \$1.00 each.

The latest issue was published in August, 1957. Complimentary copies were supplied to a mailing list of about 75 names. This list includes Association officials, dental faculties, national dental associations, etc. Order cards were sent to about 250 names on a second list consisting of dental supply firms and other commercial organizations. As these cards were returned with remittances, orders were filled.

Following is a statement concerning finances of the 1957 Directory.

Printing and binding 1,300 copies - - - - -	\$367.73
Copies sold (to June 4, 1958) 241 @ \$1.00 - -	241.00
Difference - - - - -	126.73

(1,300 copies were ordered on the basis of estimated distribution over a two-year period.)

It has been suggested that the Directory be published annually. The chief reason for publishing annually instead of biennially is the rapid obsolescence of the addresses listed, even within a few months of publication. Changes of address reported to Headquarters average approximately 150 per month, or about 1,800 per year.

Because of the mobility of our membership, it might be feasible to offer a monthly supplement to the Directory for organizations which make constant use of the information. A monthly record of changes of address is maintained in connection with our Journal. Copies of this list could be made available on the basis of an annual subscription of \$10 to \$15 per year.

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Proposal for 1958

Print 500 copies of new Directory	
Estimated cost - - - -	\$250.00
Estimated revenue	
(250 copies @ \$1.00) -	250.00
	No loss

The Executive is requested to consider authorizing annual publication of the Directory of the Canadian Dental Association.

Respectfully submitted,

KENNETH L. CROFT,
Deputy Secretary.

Appendix F

Canadian Academy of Periodontology — Application

Mr. President and members of the Executive:

1. The Canadian Academy of Periodontology hereby makes formal application to the Canadian Dental Association to become a Section of the Canadian Dental Association and for recognition of periodontists as specialists. The decision to make this application was unanimously approved by the Canadian Academy of Periodontology in session at the Royal York Hotel on May 19, 1958.
2. This application is in accord with the terms of reference and regulations governing Sections of the Canadian Dental Association as laid down in "Constitution, By-Laws and Terms of Reference 1952" and amended at the 1956 Board of Governors' Meeting.
3. Officers of the Canadian Academy of Periodontology for 1958-59 were elected at the May, 1958 meeting. The list of officers is submitted in Appendix F. 1.
4. This application is based upon the following considerations.
 - a) Since periodontal disease affects almost every adult member of the population of Canada and since periodontal disease is the main cause of oral sepsis and loss of teeth among adults and since the preservation of natural dentitions during adulthood depends mainly on the control of periodontal disease, therefore treatment and control of periodontal disease is a national health problem of great significance.
 - b) To meet this problem it will be necessary to greatly expand
 - (1) the teaching program relative to periodontics.

- (2) the general practitioner's interest in periodontics.
 - (3) the available treatment services in periodontics.
 - (4) research in periodontics.
 - c) Leadership in this overall expansion program should logically be provided by those dentists qualified by training and experience in the specialty of periodontics.
 - d) This specially qualified group is prepared to assume its proper share of the responsibility for improving dental health services for the public and the profession.
 - e) It is also in a position to be of service to the Canadian Dental Association in matters relating to the specialty of Periodontics.
 - f) Recognition of this group of specially trained personnel by the Canadian Dental Association as specialists—and as a Section of the Canadian Dental Association—would aid in the expansion program referred to above and result in better dental care for the Canadian people.
 - g) Periodontics is presently recognized as a specialty by the Royal College of Dental Surgeons of Ontario, by the College of Dental Surgeons of the Province of Quebec, by the Alberta Dental Association and by the American Dental Association.
5. It is suggested that the proposed Periodontic Section be regulated by by-laws similar to those governing the sections previously approved by the Board of Governors of the Canadian Dental Association.
- By-Laws set out specifically for a Periodontic Section are submitted as Appendix F. 2.

Respectfully submitted,
W. G. McINTOSH, D.D.S.,
President, Canadian Academy of Periodontology.

(June 11, 1958)

Appendix F. 1.

Officers of the Canadian Academy of Periodontology
for 1958 - 1959

President - - - - - DR. W. G. McINTOSH,
170 St. George Street,
Toronto, Ont.

Vice President - - - - - DR. W. F. WALFORD,
1414 Drummond Street,
Montreal, P.Q.

Secretary-Treasurer - - - - DR. J. E. SPECK,
170 St. George Street,
Toronto, Ont.

Proposed By Laws
Canadian Academy of Periodontology
Constitution

Article I — Name

The name of this organization shall be The Canadian Academy of Periodontology hereinafter called “the Academy” or “this Academy”.

Article II — Object

It shall be the object of this Academy to advance the art and science of periodontology, and by its application, maintain and improve the health of the public.

Article III — Organization and Dissolution

This Academy is a non-profit corporation organized under the laws of Canada.

If this corporation is dissolved at any time, no part of its funds, or property shall be distributed to, or among, its members but, after the payment of all indebtedness of the corporation, the remainder funds or properties shall be used to foster the art and science of periodontology in a manner to be determined by the then governing body of the corporation.

Article IV — Membership

The membership of this Academy shall consist of dentists and other persons whose qualifications and classifications shall be as established in Chapter I of the By-Laws.

Article V — Dues and Fees

The dues and fees of the Academy shall be established in Chapter IV of the By-Laws.

Article VI — Government

Section 1. Legislative Body: The legislative and governing body of this Academy shall be the General Assembly as provided in Chapter II of the By-Laws.

Section 2. Administrative Body: The administrative body of this Academy shall be the Elective Officers as provided in Chapter III of the By-Laws.

Article VII — Officers

Elective Officers: The elective officers of this Academy shall be a President, a President-Elect, a Secretary and a Treasurer, provided that one person may serve as both Secretary and Treasurer. All of these officers shall be elected under the provisions of Chapter IV of the By-Laws.

Article VIII — Annual Session

The Annual Session of this Academy shall be composed of the annual session of the General Assembly as provided in Chapter II of the By-Laws, and the annual scientific session as provided in Chapter IX of the By-Laws.

Article IX — Principles of Ethics

Section 1. The principles of ethics of this Academy shall be the Principles of Ethics of the Canadian Dental Association and shall govern the professional conduct of the members of this Academy.

Section 2. The payment of a commission or a fee to a dentist or any other person by a member of this Academy for the reference of a patient shall be sufficient cause for the expulsion of such a member.

Section 3. In the event of cooperation between a dentist or any other person and a member of this Academy in the care of a patient, there shall be no division or splitting of fees but each person shall render a separate statement for his personal services. A violation shall be sufficient cause for expulsion.

Article X — Amendments

This Constitution may be amended at any annual session on recommendation of the Elective Officers and on two-thirds vote of the members of the General Assembly present and voting, provided that the proposed amendment has been submitted in writing to all active members at least sixty (60) days prior to the date on which the vote is taken.

This Constitution also may be amended at any annual session on recommendation of the Elective Officers and on unanimous vote of the members of the General Assembly present and voting, provided that the proposed amendment has been presented in writing at a previous meeting of said session.

BY-LAWS

Chapter I — Membership

Section 1. **Classification:** The members of this Academy shall be classified as follows:

- (a) Active members

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- (b) Retired members
- (c) Honorary members

Section 2. Qualifications: The qualifications for the various classifications of membership shall be as follows:

- (a) Active Member: A dentist who is a member in good standing of the Canadian Dental Association or another recognized national dental association, who has been graduated from a dental school for at least five years, and who has earned recognition in periodontology by graduate or post-graduate training, teaching and research or through informal training by preceptors, suitable courses which satisfy the Committee on Membership, and is devoting all of his time to practice or teaching of periodontology, may be classified as an Active member on nomination by the Elective Officers and election by the General Assembly.
- (b) Retired Member: A member in good standing for ten years of this Academy who shall have been compelled to retire from active practice on account of ill health or age and who shall have made a contribution to this Academy may be classified as a Retired Member upon the nomination of the Elective Officers and election by the General Assembly.
- (c) Honorary Member: A person who has made outstanding contributions to the art and science of periodontology may be classified as an Honorary member on nomination of the Elective Officers and on election by the General Assembly.

Section 3. Nomination and Election to Membership: Nominations for membership shall be presented to the Secretary on the regular form furnished by the Academy. The nomination for membership shall be signed by two Active members who are personally acquainted with the nominee, and each of them shall furnish a letter of recommendation. The letters must give detailed information concerning the character, methods of practice and qualifications of the nominee. The filled in form and the letters shall be sent to the Secretary who shall place them in the hands of the Membership Committee for checking and verification. If the Membership Committee approves of the qualifications of the nominee, their recommendation, including the type of membership, is presented to the Elective Officers for their approval. A list of all approved nominees shall be sent to all Active members of the Academy at least thirty (30) days prior to the annual business session of the General Assembly. A three-fourths affirmative vote of all Active members present and voting in the General Assembly shall be necessary for election to membership in the Academy.

Nominations for Retired and Honorary membership shall be made by the Elective Officers to the General Assembly where a three-fourths affirmative vote of Active members present and voting shall be necessary for election.

A recipient of an invitation to membership in the Academy shall be eligible for the privileges of membership on the payment of initiation fees and annual dues. The invitation must be accepted and initiation fee paid within thirty (30) days.

Section 4. In Good Standing: A member of this Academy who is not under final sentence of suspension or expulsion and whose dues for the current calendar year have been paid shall be considered as a "member in good standing". Each Active member shall be required to attend one Annual Meeting in a five year period in order to remain in good standing.

Section 5. Privileges of Membership:

- (a) Active Members: shall have all the privileges of the Academy including the right to vote, to make nominations and to hold office.
- (b) Retired Members: shall have all the privileges granted to their former classification of membership.
- (c) Honorary Members: shall have all of the privileges of Active Membership except the right to vote, to make nominations and to hold office provided that Honorary membership shall not withdraw privileges previously held by an Active member.

Section 6. Transfers: A member may transfer from one classification of membership to another classification if he (or she) is qualified for the classification of that membership on recommendation of two Active members. Such application is made to the Secretary on application form furnished by the Secretary. The filled in form with other credentials substantiating his (or her) qualifications shall be sent to the Secretary who shall place them in the hands of the Membership Committee for checking and verification. If the Membership Committee approves of the qualification of the applicant, their recommendation shall be presented to the Elective Officers for their approval. A list of all approved applicants shall be sent to all Active members of the Academy at least thirty (30) days prior to the annual business session of the General Assembly. A three-fourths affirmative vote of all Active Members present and voting shall be necessary for the transfer to be successful.

Chapter II — General Assembly

Section 1. Name and Composition: The governing body of this Academy shall be the General Assembly which shall be composed of all Active members of this Academy.

Section 2. Powers: The General Assembly shall have the following powers:

- (a) It shall be the supreme legislative body of this Academy;
- (b) It shall have the power to enact, amend and repeal the Constitution and By-Laws of this Academy on recommendation of the Executive Council;

EXECUTIVE

- (c) It shall have the power to elect all members of the Academy;
- (d) It shall have the power to approve all memorials resolutions and recommendations made in the name of the Academy;
- (e) It shall have the power to elect the elective officers;
- (f) It shall have the power to elect members of committees and boards not otherwise provided for in these By-Laws;
- (g) It shall serve as final court of appeal from decisions of the Executive Council on any disciplinary action taken against any member of the Academy.

Section 3. Sessions: The General Assembly shall meet at least annually at a time and place determined by the Elective Officers. The annual session of the General Assembly may be postponed provided that written notice of such postponement is sent to all members of the Academy immediately following the action of the Elective Officers.

Section 4. Quorum: One third of the voting members of the General Assembly shall constitute a quorum for the transaction of business.

Section 5. Name and Number of Committees: The General Assembly shall have four standing committees designated as follows:

1. Committee on Constitution and By-Laws.
2. Committee on Membership.
3. Committee on Annual and Scientific Sessions.
4. Committee on Public and Professional Relations.

Section 6. Special Committees: Special committees of this Academy shall be appointed on authorization of the President. The terms of all members of special committees will lapse at the annual session following which they were appointed unless re-authorized by vote of the General Assembly. All special committees shall be composed of Active members.

Section 7. Composition and Term of Standing Committees: All standing committees of the Academy shall be composed of three Active members elected for terms of one, two and three years respectively. At each succeeding annual meeting one member only shall be elected for a term of three years.

Section 8. Officers: The Chairman of all standing and special committees shall be appointed by the Elective Officers unless otherwise provided in these By-Laws.

Section 9. Vacancy: Any vacancy in the membership of a standing or special committee shall be filled by the President who shall appoint a successor until the next session of the General Assembly which shall then elect a successor for the remainder of the unexpired term.

Section 10. Nominations and Elections of Standing Committees: All

members of standing committees shall be nominated by the Elective Officers or a petition signed by five Active members presented at the first business meeting of the annual session. A majority vote of Active members present and voting shall constitute election.

Section 11. Duties of Standing Committees: The following shall be the duties of the standing committees of this Academy:

- (a) Committee on Constitution and By-Laws: shall examine the Constitution and By-Laws and, from time to time, make such suggestions for amendment as are necessary to increase the administrative efficiency of the Academy. The committee shall consider all proposed amendments and shall submit them to the Elective Officers for review before presenting them to the General Assembly for action.
- (b) Committee on Membership: The duties of the Committee on membership shall be to conduct a program, subject to the direction of the Elective Officers, for the maintenance of membership and shall examine credentials and record the roll.
- (c) Committee on Annual and Scientific Sessions: shall be in charge of all arrangements for the annual session and other scientific programs, subject to the approval of the Elective Officers. The Committee may appoint the following sub-committees subject to the approval of the Elective Officers:
 - 1. Subcommittee on essay program
 - 2. Subcommittee on Clinic program
 - 3. Subcommittee on arrangements
 - 4. The committee may also appoint other subcommittees upon the approval of the Elective Officers.
- (d) Committee on Public and Professional Relations: The duties of this Committee shall be designated by the Elective Officers.

Section 12. Quorum: A majority of the total number of members of any committee shall constitute a quorum for the transaction of business.

Chapter III — Elective Officers

Section 1. Name and Number: the Elective Officers of this Academy shall be four in number and shall be designated as President, President-Elect, Secretary and Treasurer provided that one person may be elected by the General Assembly to serve as Secretary-Treasurer.

Section 2. Eligibility: Only an Active or a Retired member, qualified by his previous classification as an Active member, may serve as an Elective Officer of this Academy.

Section 3. Term of Office: All officers shall hold office from the annual session at which they were elected to the following annual session, or until

EXECUTIVE

their successors are duly elected and installed, provided, however, that the President-Elect shall succeed to the office of President without further election at the annual session following that at which he was designated President-Elect.

Section 4. Nominations and Elections: Elective Officers shall be nominated from the floor at the first business meeting of the annual session, and election shall be by ballot.

Section 5. Vacancy:

- (a) In the event the office of President becomes vacant the President Elect shall serve as President for the unexpired term in addition to serving the full term for which he was elected.
- (b) In the event the office of President-Elect becomes vacant, the office of President for the ensuing year shall be filled at the next annual session in accordance with the provisions of Chapter II of these By-Laws, except that the ballot shall read "President-Elect".
- (c) In the event the office of Secretary becomes vacant, the President shall appoint a successor protem to serve until the next session of the General Assembly when a successor shall be elected.
- (d) In the event the office of Treasurer becomes vacant, the President shall appoint a successor protem until the next session of the General Assembly when a successor shall be elected.
- (e) In the event the office of Immediate Past President becomes vacant, no successor shall be appointed but the President shall assume the duties of the vacated office.

Chapter IV — Fees, Dues and Fiscal Year

Section 1. Fees and Dues:

- (a) Annual fees shall be due and payable at the beginning of each fiscal year. The amount is to be determined periodically by the General Assembly.
- (b) Transfer Fees: There shall be a fee charged to transfer from one classification of membership to another classification of membership, equal to the initiation fees of the respective classifications.

Section 2. Fiscal Year: The fiscal year of the Academy shall be from July 1st to June 30th.

Chapter V — Annual Scientific Session

Section 1. Time and Place: The annual scientific session shall be a part of the annual session of this Academy as provided in Article VIII of the Constitution. The annual scientific session shall be held at such time and place as may be determined by the Elective Officers. In the event of a declaration of

extreme emergency, in accordance with the provisions of Chapter II of these By-Laws, under the direction of the Elective Officers, the annual scientific session shall not be held for the duration of the extreme emergency.

Chapter VI — Amendments

Section 1. These By-Laws may be amended at any session of the General Assembly by two-thirds affirmative vote of the members present and voting provided that the proposed amendment shall have been submitted in writing at a previous session. The By-Laws governing the dues and fees of members of this Academy shall not be amended at the annual session at which such amendment is introduced unless by unanimous consent.

Appendix G

Negation of Official Action

Examination of the Association records will illustrate that many earlier official actions are not applicable today. Submissions based upon these actions have been made over the years to various authorities. It appears reasonable that some action should be taken to free the Association of such responsibility.

If such action be taken, the year 1950 appears suitable, one reason being that the published transactions in printed form were initiated for this year. In reviewing this matter it would appear that regulations and such other matters established previous to 1950 have been amended since 1949 and consequently approved.

In the event that such action be considered favourably the following resolution is suggested:

Whereas, many of the early official actions of the Canadian Dental Association are out-dated and not applicable to present day conditions, and

Whereas, it is advantageous for the Association to acknowledge only official actions in keeping with present-day thinking, therefore be it

Resolved, that all official actions of this Association previous to the calendar year 1950 be negated, and

That official actions taken on matters previous to the year 1950 and not considered following the year 1949 be utilized for reference purposes only, and

That this action have no effect concerning the constitution or by-laws of the Association or any other stated agreement in effect at this date which was formulated previous to the year 1950.

ADOPTED

Distribution of Governors Letter

The Governors Letter is distributed to the following:

Members of Board of Governors

Editors

Members of C.D.A. Committees

Members of Boards or Councils of Corporate Members

C.D.A. Past Presidents

Deans of Dental Schools

Certain individuals holding important positions

This list makes up a mailing list of approximately 300. The list is under continuous change. Newly-elected members are added and those going out of office are dropped. A considerable number of requests are received to be placed on the mailing list. When a name is added an explanatory letter is written to the individual concerned.

Consideration has been given to the addition of the secretaries of local dental societies of which there are approximately 75. Opinion is expressed that such addition on the free list would be advantageous.

Some policy should be adopted respecting those making request other than those members named above. Recommendation is made that additions be permitted on a subscription basis.

COMMENT and ACTION

1. Noted.
2. The Executive Committee is to be commended for its actions in connection with the Registered Retirement Savings Plan.
3. We recognize the accomplishments made in establishing this D.V.A. fee schedule but believe the principles on which it is based are not ideal and are still in need of further revision.
4. We compliment the Executive Committee on the preparation of this important statement.
5. Noted with interest.
6. & 7. Noted and approved.
8. Noted.
9. Approved.
10. Noted.
11. Approved.
12. (a) We agree with the principle of opposing the establishment of a special classification of dental practitioners.
(b) & (c) Noted.
13. We heartily concur.

14. Noted and approved.
15. We concur most enthusiastically.
16. Approved.
17. Agreed.
18. Noted.
19. (a) Noted with interest.
(b) Approved.
20. Approved.
21. Noted.
22. The sixth Annual Report of the C.D.A. Pension Assurance and Blue Cross Plans presented by Mr. J. T. Staddon, administrator of the plans, was studied. We note with interest the program to date.
23. The continued interest and activity in the training of research personnel is noted with approval.
24. We note Appendix E and recommend that the Directory be revised and published annually.
25. (a) & (b) Noted.
(c) Approved.
26. Noted with interest.
27. Approved.
28. Noted.
29. Noted with approval.
30. Agreed.
31. We are pleased to note the interest in the Governors Letter and approve the recommendation that copies to individuals or groups not on the free mailing list be distributed on a subscription basis.
- 32, 33 & 34. Noted.
35. We commend the Executive Committee for maintaining this important liaison with the Department of Labour.
36. Noted.
37. The resignation is noted with regret. We concur with the expression of appreciation.
38. Noted.

The Executive Committee is to be congratulated on a concise and informative report.

We recommend the adoption of the Report of the Executive Committee.

APPROVED

REPORT

1. I beg to present to you the financial report for your consideration.

2. Grants

All provinces paid in full their grants for 1957 and in future all provinces will pay at the rate of \$25.00 per capita.

3. Finances

The financial statement for 1957 shows a surplus of \$2,209.41 after giving effect to the transfer of \$20,500.00 to the reserve fund. Our total revenue was \$141,328.40, made up of three principal items: Grants from Provinces of \$131,565.00; Sale of Pamphlets, etc., \$7,111.75; our share \$2,300.25 of the National Convention held in Winnipeg 1957. This committee wishes to express its appreciation to the Winnipeg Convention Committee.

4. Expenses

- (a) In comparison may I draw to your attention the fact that the total expenditures have grown from \$126,263.50 in 1956 to \$139,118.63 in 1957, showing an increase in spending of \$12,855.13.
- (b) At this rate of increase it will be impossible to balance the budget and transfer to reserve fund the amount equal to the resolution of the Board of Governors for the year ending 1958.
- (c) Although during the last two years funds have been transferred to Reserve Fund in larger amounts than former years, recent increase in expenses and indicated future decrease in revenue re headquarters may cause reduced amounts to be available for transfer to reserve fund.
- (d) At the fall meeting, the Executive directed that funds be transferred to the Reserve fund as soon as possible.

5. May I enlarge upon the above statements, namely, increased expenses and decrease in revenue.

- (a) Necessary increases in salaries have been largely responsible for the expenditures.
- (b) Income is not going to increase suddenly or for some time unless the per capita grant is increased. Several provinces have indicated their willingness to increase their per capita grant beyond \$25.00.
- (c) In accordance with the resolution adopted at the last meeting of the Executive, we are obligated to meet certain administrative expenses

in connection with the retirement savings plan. The amount necessary for this purpose is 2% or under, of the payments made in any one year with the amount decreasing year by year. This is a good agreement in that to administer this plan ourselves would mean additional staff employment and Professional and Industrial Pensions Ltd. have shown a splendid cooperative spirit in this matter.

- (d) Under the last portion of the statement re decrease in revenue, the Royal College of Dental Surgeons of Ontario has purchased the first building south of our headquarters and we will lose them as tenants with rent amounting to \$1,500.00. The Ontario Dental Association will move with them with a future loss in rent of \$840.00. The total rent is \$6,660.00:

C.D.A.	\$4,320.00
R.C.D.S.	1,500.00
O.D.A.	840.00
	\$6,660.00

This will necessitate an increased grant to the Headquarters Property Committee.

- (e) As you read the many reports with their resolutions for financial support, you become aware of the need. In themselves, they all appear to be worthy of your support, but if your reference committees go ahead and pass all these resolutions, we can't put the necessary amounts of money in the reserve fund nor can we balance our budget. We are rapidly reaching the end of our spending capacity. We are in a period of rising prices when the costs of this association are steadily rising. Increased cost can only be met by increased revenue and if the high standard of excellence and progress is to be maintained, there is only one solution and that is to raise the per capita grant.

6. Reserve Fund

This fund was established by C.D.A. in 1949 as a separate account. Large foundations, big business and governments have a very great interest in seeing a good financial statement for the size of the organization for they want to know if they are dealing with a responsible body. Good business claims that the Reserve Fund should represent twice the size of an annual budget. In our case, twice the budget represents about one quarter of a million dollars, but increase in our revenue fund will be slow in the future as our source of revenue is dependent on fixed grants of corporate members. Although funds have been transferred to reserve in reasonable amounts recently, increasing expenses and future decrease of revenue (e.g. RCDS of Ontario and O.D.A. to move out of Headquarters) may cause reduced amounts to be available for transfer to reserve in the near future.

FINANCE

7. You will see by the 1957 Auditor's statement that the Reserve fund has been increased through three main items:

(i) Transfer from General Account	\$20,500.00
(ii) Grant from Housing Fund	1,000.00
(This represents the last payment by one of the provinces of \$1,000.00)	
(iii) Repayment of loan to Housing Account	8,500.00
With this money we purchased	
2,000 Hydro Electric Power Com. Ont., bonds 4¾%	\$ 1,940.00
5,000 Hydro Electric Power Com. Ont., debentures 5%	4,975.00
15,000 Province Ontario debentures 5%	14,850.00
1,000 Quebec Hydro Electric debentures 5%	983.50
Cash in Bank	11,907.45

8. Auditors' Financial Statement for 1957 appears as Appendix A 1, at the end of this report.

9. Comment on Financial Statement for year ending December 31, 1957 appears as Appendix A 2.

10. List of securities held as of December 31, 1957, appears as Appendix A 3 at the end of this report.

11. Budget of Revenue and Expenditure for 1959 appears as Appendix A 4 at the end of this report.

12. Budget Allotments to Committees appears as Appendix A 5 at the end of this report.

13. The financial statement as submitted has been approved by the Executive after detailed study and the same firm of auditors re-appointed. The budget for 1959 is submitted with Executive approval.

Appendix A1

AUDITORS' REPORT

We have examined the accounts of the Canadian Dental Association for the year ended December 31, 1957 and report that, in our opinion, the accompanying balance sheet and related statements of revenue and expenditure and receipts and disbursements present fairly the financial position of the Association as at December 31, 1957 and its financial transactions for the year ended on that date, exclusive of the accounts of the Committee on Publications, according to the best of our information and the explanations given us and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

Toronto, Canada,
February 6, 1958

FINANCE

Balance Sheet December 31, 1957

Assets

General Account:

Cash on hand and in bank	\$ 17,535.13		
Accounts receivable	791.76		
Prepaid expenses and air travel deposit	1,129.08		
Office furniture and fixtures	\$ 13,330.37		
Less Accumulated depreciation	8,269.26	5,061.11	\$ 24,517.08

Housing Fund:

Cash on hand and in bank	6,603.53		
Prepaid insurance	456.61		
Land, 234 St. George Street, Toronto	5,100.00		
Building, 234 St. George Street, Toronto	68,111.26		
Less Accumulated depreciation	11,765.66	56,345.60	
Furnishings and equipment	11,549.16		
Less Accumulated depreciation	7,717.20	3,831.96	72,337.70

Dental Research Fund:

Cash in bank			2,338.82
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War Memorial Award Fund:

Cash in bank	175.42		
Government and government guaranteed bonds at cost (quoted market value \$7,840.00)	8,420.37		
Interest accrued on bonds	70.31		8,666.10

Council on Dental Education:

Cash in bank			7,089.75
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The Grieve Memorial Lectureship Fund:

Cash in bank	165.18		
Government and government guaranteed bonds at cost (quoted market value \$5,207.50)	5,348.13		
Interest accrued on bonds	52.08		5,565.39

Library Trust Fund:

Cash in bank	3,421.02		
Books	5,659.09		
Less Accumulated depreciation	5,203.17	455.92	3,876.94

Reserve Fund:

Cash in bank	11,907.45		
Government and government guaranteed bonds at cost (quoted market value \$67,996.25)	68,417.25		
Accrued interest on bonds	775.40		81,100.10

Employees' Pension Account:

Cash in bank			3,904.30
			<u>\$209,396.18</u>

Balance Sheet December 31, 1957

Liabilities

General Account:

Accounts payable	\$	881.31		
Sales tax payable		114.12		
Surplus:				
Balance, December 31, 1956	\$	21,312.24		
Surplus for year 1957		2,209.41	23,521.65	\$ 24,517.08

Housing Fund:

Accounts payable		76.54		
Surplus:				
Balance, December 31, 1956		73,632.16		
Deficit from building operating for 1957		1,371.00	72,261.16	72,337.70

Dental Research Fund:

Surplus, December 31, 1956		6,371.03		
Deficit for year 1957		4,032.21		2,338.82

War Memorial Award Fund:

Surplus, December 31, 1956		8,597.17		
Surplus for year 1957		68.93		8,666.10

Council on Dental Education:

Account payable		106.07		
Surplus, December 31, 1956		5,784.66		
Surplus for year 1957		1,199.02	6,983.68	7,089.75

The Grieve Memorial Lectureship Fund:

Surplus, December 31, 1956		5,561.95		
Surplus for year 1957		3.44		5,565.39

Library Trust Fund:

Accounts payable		50.00		
Surplus, December 31, 1956		4,284.45		
Deficit for year 1957		457.51	3,826.94	3,876.94

Reserve Fund:

Surplus, December 31, 1956		57,415.22		
Surplus for year 1957		23,684.88		81,100.10

Employees' Pension Account:

Account payable		3,865.13		
Surplus, December 31, 1956		21.99		
Surplus for year 1957		17.18	39.17	3,904.30
				<u>\$209,396.18</u>

FINANCE

GENERAL STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1957

Revenue

Grants from corporate members:

British Columbia	\$ 15,250.00	
Alberta	10,325.00	
Saskatchewan	5,175.00	
Manitoba	5,975.00	
Ontario	59,300.00	
Quebec	26,315.00	
New Brunswick	2,500.00	
Nova Scotia	4,925.00	
Prince Edward Island	850.00	
Newfoundland	950.00	
		\$131,565.00

National convention 1957 :..... 2,300.25

Sale of pamphlets, reports and printing 7,111.75

Sundry revenue 351.04

\$141,328.04

Expenditure

Grants:

Committee on Publications	\$ 14,500.00	
Council on dental education	3,500.00	
Dental research fund	5,000.00	
Federation Dentaire Internationale	843.96	
Sundry grants	50.00	
		\$ 23,893.96

Officers and clerical salaries 37,392.23

Officers' and employees' pension plan 5,010.53

Unemployment insurance 195.22

Hospital insurance 525.75

Committee expenses (not including committees
receiving grants) 3,374.16

Officers' expenses 7,138.91

Board of Governors meeting expenses 9,175.77

Legal and audit 715.00

Library expenses 112.38

FINANCE

Pamphlets, reports and printing	17,725.66
Housing fund, rent	4,320.00
Translations	480.00
Office supplies and miscellaneous expenses	2,581.42
Telephone and telegraph	628.92
Postage	3,218.34
Depreciation, office furniture and fixtures ..	1,333.04
Transfers to reserve fund	20,500.00
Insurance	47.34
Retirement savings plan	750.00
	139,118.63
Surplus for year, after giving effect to the transfer of \$20,500.00 to reserve fund	2,209.41
	<u>\$141,328.04</u>

HOUSING FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1957

Revenue

Rentals	<u>\$ 6,660.00</u>
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Expenditure

Repairs and maintenance	794.66
Taxes	894.28
Janitor	700.00
Heat	546.76
Gas and water	308.50
Light	537.41
Insurance	306.39
Audit	75.00
General expenses	10.30
Depreciation on building	1,702.78
Depreciation on furnishings and equipment	1,154.92
Grant to reserve fund	1,000.00
	8,031.00
Deficit for year	1,371.00
	<u>\$ 6,660.00</u>

FINANCE

DENTAL RESEARCH FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1957

Revenue

Grant, Canadian Dental Association, from general account	\$ 5,000.00
Transfer from Canadian Dental Research Foundation	485.95
Bank interest	91.00
Premium on U.S. funds	19.62
	\$ 5,596.57

Expenditure

Studentships	\$ 9,546.24
Reprints	57.54
Audit	25.00
	9,628.78
Deficit for year	4,032.21
	\$ 5,596.57

WAR MEMORIAL AWARD FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1957

Revenue

Bond interest	\$ 267.50
Bank interest and exchange	1.43
	\$ 268.93

Expenditure

Essay awards	\$ 200.00
Surplus for year	68.93
	\$ 268.93

COUNCIL ON DENTAL EDUCATION **STATEMENT OF REVENUE AND EXPENDITURE**

Year ended December 31, 1957

Revenue

Grants:

Canadian Dental Association, from general account	\$ 3,500.00	
W. K. Kellogg Foundation	1,230.00	
		\$ 4,730.00
Bank interest		102.76
		\$ 4,832.76

Expenditure

Council meeting expenses	\$ 1,000.71
Expenses re survey of dental schools	750.00
Conferences on dental education (teacher training courses)	1,776.96
Purchase of pamphlets	106.07
	3,633.74
	1,199.02
Surplus for year	\$ 4,832.76

THE GRIEVE MEMORIAL LECTURESHIP FUND **STATEMENT OF REVENUE AND EXPENDITURE**

Year ended December 31, 1957

Revenue

Bond interest	\$ 177.50
Bank interest	3.44
	\$ 180.94

Expenditure

Orthodontic Section of Canadian Dental Association	\$ 177.50
Surplus for year	3.44
	\$ 180.94

FINANCE

LIBRARY TRUST FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1957

Revenue

Donations	\$ 1,000.00
Bank interest	69.84
	\$ 1,069.84

Expenditure

Binding books, journals, etc.	\$ 395.73
Depreciation on books	1,129.82
Bank charges	1.80
	1,527.35
Deficit for year	457.51
	\$ 1,069.84

RESERVE FUND
STATEMENT OF REVENUE
Year ended December 31, 1957

Revenue

Transfers from general account	\$ 20,500.00
Grant from housing fund	1,000.00
Interest on bonds	2,160.78
Bank interest	24.10
Surplus for year	\$ 23,684.88

EMPLOYEES' PENSION ACCOUNT
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1957

Revenue

Bank interest	\$ 17.18

Expenditure

Surplus for year	\$ 17.18

GENERAL

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1957

Receipts

Cash on hand and in bank, December 31, 1956		\$ 23,715.01
Grants from corporate members:		
British Columbia	\$ 15,250.00	
Alberta	10,325.00	
Saskatchewan	5,175.00	
Manitoba	5,975.00	
Ontario	59,300.00	
Quebec	26,315.00	
New Brunswick	2,500.00	
Nova Scotia	4,925.00	
Prince Edward Island	850.00	
Newfoundland	950.00	
		\$131,565.00
Sale of pamphlets, reports and printing (including sales tax)		6,802.07
National convention 1957		2,409.75
Sundry receipts		296.04
Sales of office equipment		85.00
		<u>\$164,872.87</u>

Disbursements

Grants:		
Committee on Publications	\$ 14,500.00	
Council on dental education	3,500.00	
Dental research fund	5,000.00	
Federation Dentaire Internationale	843.96	
Sundry grants	50.00	
		\$ 23,893.96
Office furniture and fixtures		1,014.35
Payment of loan, reserve fund		8,500.00
Officers and clerical salaries		37,392.23
Officers' and employees' pension plan		5,010.53
Unemployment insurance		195.22
Hospital insurance		525 75
Committee expenses (not including Committees receiving grants)		3,205.46
Officers' expenses		7,138.26

FINANCE

Board of Governors Meeting expense	9,175.77
Sales tax	271.84
Legal and audit	715.00
Library expenses	106.50
Pamphlets, reports and printing	17,709.14
Housing fund, rent	4,320.00
Translations	480.00
Office supplies and miscellaneous expenses	2,590.56
Telephone and telegraph	631.07
Postage	3,106.50
Transfers to reserve fund	20,500.00
Insurance	105.60
Retirement savings plan	750.00
	147,337.74
Cash on hand and in bank, December 31, 1957	17,535.13
	<u>\$164,872.87</u>

HOUSING FUND

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1957

Receipts

Cash on hand and in bank, December 31, 1956	\$ 5,570.73
Rentals	6,660.00
	<u>\$ 12,230.73</u>

Disbursements

Repairs and maintenance	\$ 866.34
Insurance	665.50
Taxes	894.28
Janitor	700.00
Heat	550.89
Gas and water	308.50
Light	556.39
Audit	75.00
General expenses	10.30
Grant to reserve fund	1,000.00
	5,627.20
Cash on hand and in bank, December 31, 1957	6,603.53
	<u>\$ 12,230.73</u>

DENTAL RESEARCH FUND

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1957

Receipts

Cash in bank, December 31, 1956	\$ 6,395.53
Grant, Canadian Dental Association, from general account	5,000.00
Transfer from Canadian Dental Research Foundation	485.95
Bank interest	91.00
Premium on U.S. funds	19.62
	\$ 11,992.10

Disbursements

Studentships	\$ 9,546.24
Reprints	82.04
Audit	25.00
	9,653.28
Cash in bank, December 31, 1957	2,338.82
	\$ 11,992.10

WAR MEMORIAL AWARD FUND

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1957

Receipts

Cash in bank, December 31, 1956	\$ 106.49
Bond interest	267.50
Bank interest and exchange	1.43
	\$ 375.42

Disbursements

Essay awards	\$ 200.00
Cash in bank, December 31, 1957	175.42
	\$ 375.42

FINANCE

COUNCIL ON DENTAL EDUCATION
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1957

Receipts

Cash in bank, December 31, 1956		\$ 5,784.66
Grants:		
Canadian Dental Association, from general account	\$ 3,500.00	
W. K. Kellogg Foundation	1,230.00	
		4,730.00
Bank interest		102.76
		\$ 10,617.42

Disbursements

Council meeting expenses	\$ 1,000.71
Expenses re survey of dental schools	750.00
Conferences on dental education (teacher training courses)	1,776.96
	3,527.67
Cash in bank, December 31, 1957	7,089.75
	\$ 10,617.42

THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1957

Receipts

Cash in bank, December 31, 1956	\$ 161.74
Bond interest	177.50
Bank interest	3.44
	\$ 342.68

Disbursements

Orthodontic Section of Canadian Dental Association	\$ 177.50
Cash in bank, December 31, 1957	165.18
	\$ 342.68

LIBRARY TRUST FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1957

Receipts

Cash in bank, December 31, 1956	\$ 3,244.26
Books sold	197.77
Donations	1,000.00
Bank interest	69.84
	\$ 4,511.87

Disbursements

Books purchased	\$ 733.32
Binding books, journals, etc.	355.73
Bank charges	1.80
	1,090.85
Cash in bank, December 31, 1957	3,421.02
	\$ 4,511.87

RESERVE FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1957

Receipts

Cash in bank, December 31, 1956	\$ 2,882.40
Transfers from general account	20,500.00
Grant from housing fund	1,000.00
Interest on bonds	1,770.00
Bank interest	24.10
Payment of loan, general account	8,500.00
	\$ 34,676.50

Disbursements

Bonds and debentures purchased:	
Hydro-Electric Power Commission of Ontario bonds, 4¾%, par value \$2,000.00, due August 15, 1975	\$ 1,940.00
Hydro-Electric Power Commission of Ontario debentures 5%, par value \$5,000.00, due November 15, 1976	4,975.00
Province of Ontario debentures, 5%, par value \$15,000.00, due July 15, 1975	14,850.00

FINANCE

Quebec Hydro Electric Commission debentures, 5%, par value \$1,000.00, due November 15, 1982	983.50
Accrued interest on bonds purchased	20.55
	22,769.05
Cash in bank, December 31, 1957	11,907.45
	\$ 34,676.50

EMPLOYEES' PENSION ACCOUNT
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1957

Receipts

Cash in bank, December 31, 1956	\$ 3,887.09
Contributions:	
Canadian Dental Association, from general account	\$ 4,460.28
Employees	1,496.16
	5,956.44
Bank interest	17.18
	\$ 9,860.71

Disbursements

Canadian Dental Association Pension — Assurance Plan	\$ 5,956.41
Cash in bank, December 31, 1957	3,904.30
	\$ 9,860.71

Note:

Above cash in bank, December 31, 1957, includes \$3,865.13
which amount is payable to Canadian Dental Association
Pension-Assurance Plan.

COMMENT ON
FINANCIAL STATEMENT FOR YEAR ENDING DEC. 31, 1957
STATEMENT OF RECEIPTS AND DISBURSEMENTS
GENERAL
BY COMPARISON 1956 - 1957

A. Receipts

1. Cash on hand and in bank			
Dec. 31, 1957			\$ 17,535.13
Dec. 31, 1956			23,715.01
2. Revenue			
Total revenue for 1957			\$141,328.04
Total revenue for 1956			134,348.21
3. Expenditure			
Total expenditure 1957			\$139,118.63
Total expenditure 1956			126,263.56
4. Grants			
1957 grants from provinces			\$131,565.00
1956 grants from provinces			124,100.00
For comparison, the increase of grants of			
1956 over that of 1955			\$ 31,000.00
While 1957 over 1956 was			7,465.00
	1955	1956	1957
B.C.	\$ 11,740.00	\$ 15,225.00	\$ 15,250.00
Alta.	5,865.00	10,025.00	10,325.00
Sask.	4,285.00	5,375.00	5,175.00
Man.	4,900.00	5,850.00	5,975.00
Ont.	46,500.00	58,200.00	59,300.00
Que.	13,695.00	21,525.00	26,315.00
N.B.	1,500.00	2,500.00	2,500.00
N.S.	3,700.00	3,920.00	4,925.00
P.E.I.	495.00	680.00	850.00
Nfld.	420.00	800.00	950.00
	<u>\$ 93,100.00</u>	<u>\$124,100.00</u>	<u>\$131,565.00</u>
5. Interest on Bonds			
1957 interest			\$ 2,160.78
1956 interest			1,064.00
6. Reserve Fund			
Total amount placed in fund 1957			\$ 34,676.50
Total amount placed in fund 1956			28,345.18
Grand total, Dec. 31/57 in Reserve Fund			81,100.10

FINANCE

B. Disbursements

1.	Grants to Committees		
	1957 grants to committees	\$	23,893.96
	1956 grants to committees		22,026.72
2.	Salaries of Staff		
	1957	\$	37,392.23
	1956		30,930.24
	This represents regular yearly increments plus addition to personnel, namely, Deputy Secretary.		
3.	Committee Expenses		
	1957	\$	3,374.16
	1956		2,683.99
	Your Executive Committee had to have two meetings because of the time lapse from June 1957 Winnipeg to October 1958, Montreal.		
4.	Board of Governors Meeting Expenses		
	1957	\$	9,175.17
	1956		11,736.28
5.	Printing		
	1957	\$	17,725.66
	1956		12,573.44
6.	Trust Funds		
	These trust funds are for special purposes under trust deeds and cannot be used for other Association purposes.		

Appendix A. 3

GOVERNMENT AND GOVERNMENT GUARANTEED BONDS

	Par	Paid	Market Value as of June 4, 1958
RESERVE FUND			
Government of Canada			
3¼ June 1, 1976	\$ 1,000.00	\$ 990.00	\$ 925.00
3¼ June 1, 1976	2,000.00	1,997.50	1,850.00
3¼ Oct. 1, 1979	1,000.00	972.50	915.00
3¼ Oct. 1, 1979	10,000.00	9,750.00	9,150.00
3¼ Oct. 1, 1979	5,000.00	4,550.00	4,575.00
Province of Ontario			
4% Dec. 15, 1961	3,000.00	3,000.00	3,000.00
4% Jan. 1, 1966/68	1,000.00	997.50	990.00
3% Sept. 1, 1965	4,000.00	4,000.00	3,760.00

FINANCE

4¼ May 15, 1971/74	3,000.00	3,000.00	2,962.50
4¼ May 15, 1971/74	2,000.00	2,012.50	1,975.00
5% July 15, 1975	15,000.00	14,850.00	15,675.00
Province of Quebec			
3% Oct. 1, 1963	500.00	500.00	480.00
4% Apr. 15, 1966	1,000.00	995.00	1,002.50
Province of British Columbia			
3% June 15, 1964	500.00	491.25	467.50
Province of Prince Edward Island			
4¼% Dec. 1, 1967	1,000.00	993.75	972.50
Province of New Brunswick			
3¼% Apr. 15, 1970	1,000.00	987.50	890.00
Province of Nova Scotia			
5% Dec. 15, 1973	5,000.00	4,962.50	5,162.50
Hydro-Electric Power Commission of Ontario (Guaranteed by Prov.)			
4¼% July 15, 1969	2,000.00	1,985.00	1,995.00
3% Apr. 1, 1968/70	500.00	498.75	452.50
4¾% Aug. 15, 1975	2,000.00	1,940.00	2,030.00
5% Nov. 15, 1976	5,000.00	4,975.00	5,200.00
Quebec Hydro-Electric Commission (Guaranteed by Prov. of Quebec)			
5% Nov. 15, 1982	1,000.00	983.50	1,045.00
Canadian National Railways (Guaranteed by Gov. of Canada)			
3¾% Feb. 1, 1972/74	3,000.00	2,985.00	2,880.00
As of December 31, 1957	<u>\$69,500.00</u>	<u>\$68,417.25</u>	<u>\$68,355.00</u>

WAR MEMORIAL

	Par	Paid	Market Value as of June 4, 1958
Government of Canada			
3% Sep. 1, 1961/66	\$ 2,500.00	\$ 2,621.87	\$ 2,418.75
Province of Ontario			
3% Apr. 15, 1965	1,000.00	997.50	940.00
4¼% May 15, 1971/74	1,000.00	1,006.25	987.50

FINANCE

Province of Quebec			
3% Oct. 1, 1963	1,000.00	925.00	960.00
Province of Manitoba			
3% Feb. 15, 1967	1,000.00	993.75	910.00
Province of Nova Scotia			
3% Dec. 15, 1967	1,000.00	890.00	907.50
Hydro-Electric Power Commission of Ontario (Guaranteed by Prov.)			
3% Jan. 15, 1968	1,000.00	986.00	925.00
As of December 31, 1957	\$ 8,500.00	\$ 8,420.37	\$ 8,048.75

GRIEVE MEMORIAL FUND

Government of Canada			
3% Sep. 1, 1966	\$ 3,500.00	\$ 3,408.13	\$ 3,386.25
3% Sep. 1, 1966	1,000.00	935.00	967.50
Hydro-Electric Power Commission of Ontario (Guaranteed by Prov.)			
4¼% Nov. 1, 1964/67	1,000.00	1,005.00	1,000.00
As of December 31, 1957	\$ 5,500.00	\$ 5,348.13	\$ 5,353.75

Appendix A. 4

1959 BUDGET

Revenue

	1957 Actual	1958 Budget	1959 Budget
Grants from Corporate Members:			
British Columbia	\$ 15,250.00	\$ 15,400.00	\$ 15,900.00
Alberta	10,325.00	10,100.00	10,500.00
Saskatchewan	5,175.00	5,375.00	5,200.00
Manitoba	5,975.00	5,850.00	6,000.00
Ontario	59,300.00	58,250.00	59,300.00
Quebec	26,315.00	20,720.00	33,100.00
New Brunswick	2,500.00	2,500.00	2,500.00
Nova Scotia	4,925.00	4,700.00	5,000.00
Prince Edward Island	850.00	750.00	850.00
Newfoundland	950.00	800.00	950.00
National Convention	2,300.25	100.00	100.00
Sale of pamphlets and reports	7,111.75	1,000.00	3,500.00
Sundry revenue	351.04	100.00	300.00
TOTALS	\$141,328.04	\$125,645.00	\$143,200.00

Expenditure

	1957 <u>Actual</u>	1958 <u>Budget</u>	1959 <u>Budget</u>
Grants			
Committee on Publications	\$ 14,500.00	\$ 14,500.00	\$ 15,000.00
Council on Dental Education	3,500.00	4,000.00	4,750.00
Dental research fund	5,000.00	5,500.00	7,500.00
Federation Dentaire Internationale	843.96	900.00	900.00
Sundry grants	50.00	150.00	150.00
Officers and clerical salaries	37,392.23	45,000.00	47,000.00
Officers and employees pension plan	5,010.53	5,000.00	5,250.00
Unemployment insurance	195.22	200.00	200.00
Hospital insurance	525.75	150.00	550.00
Committee expenses (other than grants)	3,374.16	5,175.00	6,750.00
Officers' expenses	7,138.91	5,000.00	6,000.00
Board of Governors meeting expenses	9,175.77	7,000.00	8,000.00
Legal and audit	715.00	600.00	750.00
Library expenses	112.38	200.00	200.00
Pamphlets, reports and printing	17,725.66	9,000.00	10,000.00
Housing fund, rent	4,320.00	4,320.00	5,400.00
Translations	480.00	750.00	750.00
Office supplies and miscellaneous	2,581.42	3,000.00	3,000.00
Telephone and telegraph	628.92	700.00	750.00
Postage	3,218.34	2,500.00	3,500.00
Depreciation, furniture & fixtures	1,333.04	1,000.00	1,300.00
Insurance	47.34		50.00
Transfer to reserve	20,500.00	10,000.00	10,000.00
Contingency fund	750.00	1,000.00	4,500.00
 TOTALS	 \$139,118.63	 \$125,645.00	 \$142,250.00
 SURPLUS	 2,209.41		 950.00

ADOPTED

FINANCE

COMMENT AND ACTION

1. & 2. Information.
3. We concur.
4. (a) (b) (c) Noted. (d) We approve.
5. (a) (b) Information.
(c) We commend the Executive and Finance Committee for an excellent agreement re Retirement Savings Plan.
(d) Through the years the C.D.A. has been operating in a very limited space in the Headquarters. All additional space that will become vacant is essential for the successful operation of the Canadian Dental Association.
(e) We concur.
6. & 7. We approve.
8. & 9. Financial reports have been carefully studied.
10. We would recommend that the Finance Committee review the short term bond investments with the view of replacing these in higher yielding long term bonds.
11. & 12. The budget for 1959 has been carefully studied and we recommend its adoption.
13. Noted.
We wish to congratulate the Finance Committee for the excellence of the Report and thank them for the great amount of effort which has been put into this work.

We recommend the adoption of the Report of the Finance Committee.

APPROVED

Throughout the reports presented at this meeting, the need for expansion of activities in order to meet future needs of the profession was most apparent, and the Board unanimously adopted the following resolution:

THAT the executive prepare a presentation outlining the various propositions involving the needs for further expenditure of money which our budget does not permit at present and the great need for an increased per capita grant from the corporate groups.

This presentation should be quite comprehensive to fortify the provincial representatives with information necessary to impress on their respective groups the importance of this need for the future protection of Public Health and the profession of dentistry.

ADOPTED

MEMBERS: R. A. Rooney, Chairman, Edmonton, Alta.; H. R. MacLean, Edmonton, Alta.; A. M. Revell, Edmonton, Alta.

REPORT

1. British Columbia

(a) Last year, this Committee reported the findings of Dean Chant, Faculty of Education, University of British Columbia, appointed by the Government to examine the relations of dental technicians, both ethical and illegal, in the province to the dental profession and the public through discussion with representatives of the three groups involved. Assessments of the Dean's report were made by qualified dental groups in B.C. and Manitoba. Partly due to the effects of the report, but more particularly to support for illegal technicians from Social Credit conventions, it appeared probable that a private Bill might be introduced at the next session of the Legislature to permit technicians to make dentures for the public. On this assumption, the Council of the B.C. College, in meetings with Government officials, made vigorous representations opposing the principle of permitting untrained, uneducated persons operating in the health field.

(b) When the session of the Legislature was well advanced, the Council was astounded to learn that, unknown to them, a Government Bill had received first reading which proposed:

- (i) That a Board of Examiners, including a chairman, be appointed by Order-in-Council. (There was no provision that either dentists or technicians should be included on the Board.)
- (ii) Registration and licensure of all technicians.
- (iii) The establishment of educational and technical qualification for examination of persons applying for registration.
- (iv) The establishment of a training and apprenticeship program.
- (v) The definition of a technician and his prescribed duties.
- (vi) An enabling clause providing that " a dental technician duly registered and licensed under this Act may, subject to recommendations made under Section 4, make, produce, reproduce, construct, furnish, supply, alter or repair any prosthetic denture and for such purposes deal directly with the person for whom the denture is intended.
- (vii) Permission for an apprentice or an employee of a registered technician to perform services ordinarily performed by a technician.
- (viii) That each section of the Act should come into force individually upon proclamation.

AUXILIARY SERVICES

(c) There were four peculiar features in the Bill, all of them dangerous to public welfare:

- (i) The Board of Examiners could consist entirely of individuals unfamiliar with any phase of dental services.
- (ii) The whole field of prosthetic service — fixed, removable, partial and full — was opened to technicians.
- (iii) In effect, as drafted, an employee, regardless of length of training or experience, would be eligible to operate as a technician; e.g. the definition of the duties of a technician could be put into effect without any restrictions as to training.
- (iv) Each or any section or sections of the Act could be enacted without further reference upon proclamation by Order-in-Council.

(d) Upon learning the contents of the Bill, the Council immediately instituted a campaign amongst the members of the College to inform them of the situation and a public relations program to educate the public of the dangers in the proposals. Interviews were arranged with the Minister of Health and other members of the provincial Cabinet to point out to the Government the probable damages to public welfare and health and to emphasize the effect any such development would have on the establishment of a dental school, which had been discussed for several years. The members of the College were urged to reach their MLA's by any means possible to explain the situation and point out the many undesirable features. Dr. Gullett was asked to attend this meeting in Victoria and presented a very effective brief.

(e) The Minister assured the delegation that this Bill, presented as a Government measure, maintained control of the situation which, he contended, could not be assured if presented as a private Bill.

(f) When the Bill appeared before committee of the Legislature, both the President and Secretary of the Canadian Dental Association were able to attend, along with the representatives of the B.C. College and of the ethical technicians' association, since the time of the meeting coincided with the western visit of the President. The ultimate result of these various discussions was that, when the Bill was again presented before a committee of the whole, several amendments were proposed and passed:

- (i) A new section providing for the prohibition of off-premises and limitation of on-premises advertising.
- (ii) In the section concerning penalties for a third or any subsequent conviction, the penalty was raised to a \$300.00 fine or a month in jail.
- (iii) In the section defining privileges, the provision to permit technicians to deal directly with the public was deleted, thus nullifying the efforts and hopes of the illegal labs.
- (iv) In the section relating to all those designated to practice under the Act, one section was deleted and in its place an employee of a qualified medical practitioner was inserted as a privileged person.

(g) As might be expected, the illegal technicians were extremely disappointed and, so far, have made no active move to urge proclamation of the Act, since in its present form it offers no privileges which they did not have before and contains a number of prohibitions over and above those in the Dentistry Act. The Government, on the other hand, has shown no inclination to put the Act into effect on its own authority; so, for the present at least, it is dormant. Probably one of the most potent arguments against permissive legislation introduced so far any place in the country is the attitude of illegal mechanics against any privileges advocated by and for them being extended to technicians at large. Without exception, they indicate that such licence should be reserved for them, even though they may admit freely that they have been operating outside the law.

(h) The Council and members of the B.C. College are to be congratulated on the energetic and forceful representations against the Bill and again Dentistry owes another debt to our efficient national Secretary.

2. Alberta

(a) Although there had been rumors for some time, it was late January, 1958, before the Minister concerned, the Provincial Secretary, confirmed that there would be a Bill presented to the coming session of the Legislature in February designed to permit certain dental mechanics, who have been operating illegally in the province for years, ostensibly under provisions of the Health Act, as explained in previous reports of this Committee, and who were loosely banded together under the term "Independent Dental Technicians", to make dentures for the public. He said that there had been no decision yet as to whether this would be in the form of a private or a Government Bill but agreed to keep the Board informed on this point and provide copies of the Bill when available.

(b) The suggestion that the proposed Bill might be introduced as a Government measure was staggering information, indicating, as it did, that not only must at least some of the Executive Council support the proposal, but that many private Members also favoured such legislation.

(c) The Board immediately began a program of education and information amongst Association members to acquaint them with the contents of the impending Bill, explain the various implications and urge their individual and immediate support through discussion and explanations of all phases of the problem with their MLA's. This arrangement was marked "urgent".

(d) Discussions were held periodically with the executive of the Alberta Dental Laboratory Association and representatives of the Faculty of Dentistry of the University, so that a coordinated program could be presented most effectively.

(e) This proved to be a most useful approach and welded the member-

AUXILIARY SERVICES

ship into a much more cohesive and well informed body. Briefs were prepared for presentation to the Premier and Executive Council and, late in January, a meeting was held with almost the full Cabinet present. Presenting the principles opposing the proposed Bill were representatives of the Alberta Dental Association, the Alberta Dental Laboratory Association and the Faculty of Dentistry, University of Alberta. Dr. Gullett also presented the national attitude on any such proposal, including much informative material on conditions in Europe where the same sort of problems had arisen for years and been disposed of in various ways.

(f) This meeting did little to clarify the problem though there were definite indications that some of the Cabinet were opposed in principle to granting rights to untrained individuals.

(g) Legislative procedures dragged on until near prorogation and still there was no indication when the Bill would be considered in Committee and no copy available for study until after the middle of March. In the meantime, material was still going regularly to all members of the Association and results of interviews with MLA's received. There was 100% coverage of MLA's in this part of the campaign. It is the opinion of all concerned that these arrangements and quiet discussions are extremely important and effective. In the meantime, it was arranged that Dr. Gullett should again appear before the Committee when necessary.

(h) Near the end of March, the Association was told that the Committee on Private Bills, consisting of about half the members of the Legislature, would hear the presentations of all groups on April 2nd, at 10 a.m.

(i) The Board had asked as many members of the Association from other points in the province to attend as could possibly do so and to try, again, to interview their local MLA's before the hearings. About 50 from outside Edmonton attended the hearing and, as it progressed, it was evident that the members of the Committee were well aware of their presence. Representatives of the so-called "Denturists" were also present. The Alberta Dental Association and the "Denturists" were represented by counsel.

(j) The hearing was adjourned at noon to 1 o'clock and again at 2:30 to April 8th at 9 a.m. because of the intervening Easter holiday, sat all day on the 8th and until noon on the 9th. In all, some 13 hours were devoted to this one Bill. Finally, the Minister of Health abruptly terminated the hearing with the statement that it was apparent the Committee was not in agreement with the principles of the Bill and that there appeared to be no possible amendments which could make it acceptable. He asked that the Bill be allowed to die in Committee, then said that he would appoint a committee, chaired by his department, to hear representations from all groups concerned in the present situation on the whole question of dental services to the public, with the view of having a suitable Bill to present at the next session of the Legislature. He

emphasized that the welfare of, and proper service to, the public would be the primary consideration in any such development.

(k) In contrast to the Government Bill in B.C. of some eight sections, the Alberta Bill was set up as a full-fledged professional Act of 30 sections, quite evidently as an attempt to confuse the subject by introducing a lot of extraneous and impertinent matter. An interesting feature was that the representatives of these illegal labs proved to be the most effective witnesses against their own proposals in that they presented as facts items which were not true and were easily refuted and repeatedly admitted — in fact, boasted — that they had been contravening the Dental Association Act for many years and intended continuing to do so, regardless of the outcome of the present hearing.

(l) The Departmental Committee proposed and finally appointed, by the Minister has met twice so far, though no tangible ideas have been forthcoming as yet.

(m) The campaign, as carried on by the independent labs, has had unexpectedly beneficial effects on the dentists of the province. It has welded them into a much more united body and has directed their thinking into useful channels, not only on prosthetic problems but in other fields as well. They understand better now the complexity of their own affairs. They seek proper explanation of anything they don't understand and are not so thoughtlessly critical. Similar attitudes are reported from other provinces where such problems have occurred.

3. Saskatchewan

As reported in the past by this Committee, Saskatchewan has had little trouble with illegal laboratories until recently, when some operators started moving in from other provinces. The Saskatchewan Council recognized the symptoms and a meeting before the provincial Cabinet was arranged, at which time the Council, together with representatives of the ethical labs, presented a brief suggesting amendments to the Dentistry Act of the province to help control illegal activities before they became too widespread. Here, too, Dr. Gullett was asked to attend. At this meeting with the Cabinet, it is thought that material progress has been made and that, at the suggestion of some of the Ministers, a complete new Act is being drafted by a committee which will make control of illegal practice more simple and effective. The Act will be revised in other particulars as well and it is hoped to have it before the next session of the Legislature.

4. Manitoba

(a) Because of the organization of the new Faculty of Dentistry in the University, it has been deemed expedient by the provincial Board not to aggravate existing problems by too aggressive action against illegal practice. This

AUXILIARY SERVICES

attitude has not worked out as well as expected and may have to be changed. One factor in this province is that most of such illegal practice is confined to the city of Winnipeg and, if it can be controlled there, can probably be kept under reasonable restraint in the rest of the province. It is the opinion of the provincial Board that a new approach must be found for educating the public regarding the practice of Dentistry. That is a big order.

(b) The Manitoba Board, although there are no hygienists working in the province at present, recently adopted a new, comprehensive by-law regulating the operation of hygienists in the province. This is now in effect.

5. Ontario

In Ontario, where the technicians have, since 1946, operated under a regulatory Act controlling their own craft, apparently very satisfactorily, a new development has occurred. Organizers for a trade union — International Jewelry Workers Union — succeeded in signing up a minority group of the technicians of the province. There is no indication as to whether this has had any results, either good or bad, so far — that remains to be seen. The Union contract provides for a 40-hour, five-day week, health and welfare benefits with weekly indemnity, a pay increase of \$5.00 per week and a clause for reopening the contract on April 1, 1959. There is strong opposition to the Union from some important sections of the craft, so the future is not clear.

6. New Brunswick

(a) The New Brunswick Legislature in 1957 passed an Act to regulate and control technicians, though exempting specifically three individuals from the provisions of the Act. The Act provides that anyone working as a dental mechanic prior to January 1, 1952, could be registered on request. The provincial Society had obtained Court orders against several persons, restraining them from practising Dentistry. This year, two of these individuals had private Bills presented to the Legislature to permit them to practise, thus hoping to nullify the Court order. Both Bills were lost after lengthy consideration by the Corporations Committee of the Legislature.

(b) Now the Society is faced with a new problem. Two illegal mechanics, each working under a Court injunction, have two qualified dentists working in the same building. It is not known what this arrangement portends but there are some suspicions.

(c) During the legislative hearings in B.C. and Alberta, the mechanics referred frequently to new legislation in Tasmania and Idaho, permitting mechanics to work for the public.

7. Tasmania

(a) From information available, the practice of Dentistry in this small

State of some 200,000 population has been in a very confused condition since the war, with many technicians of varying capabilities operating quite openly. In 1952, the illegal mechanics, through approach to the Labor Party which forms the Government, presented a report to the Trades Hall (a sort of centralized control body for Labor, apparently) which endorsed their complaints and presented it to the Labor Party caucus where it appeared to be dormant until a dental mechanic was elected to the committee of the Trades Hall. A special parliamentary committee was set up to investigate the situation and reported apparently adversely to the mechanics' presentation.

(b) In 1956, another special committee was established, apparently on the grounds that the first one was partisan to the profession. This committee proposed to amend the Dental Act:

- (i) By establishing a Board of Control.
- (ii) By thorough policing of the Act with increased penalties for infractions.
- (iii) By setting up examinations for mechanics to a standard established by the Dental Association and the University of Melbourne.
- (iv) Successful candidates to be registered to work on the public.
- (v) Surveillance of this by requirement of a certificate by a dentist of mouth conditions.

(c) The mechanics did not like some of the features, hoping for automatic registration without examination. The Dental Association, on the other hand, feel that they have some control through the standards required and the organization of the examinations and, further, by controlling the certificate of mouth health required.

(d) As an indication of the operations of the illegal mechanics, the fine for such practice, under the 1919 Dentists Act, was twenty pounds. One mechanic was fined 17 times in 1956. These technicians apparently are good politicians, as they were instrumental, through infiltration into the Labor Party, to have the Act framed enabling them to be registered as dentists, if they passed the required examinations and, further, if they had been operating illegally for eight years, they would be eligible forthwith for the examination which, if passed, would enable them to be registered as dentists.

8. Idaho

The reference to the situation in Idaho was in connection with a Court interpretation of the Dentistry Act. Under this ruling, the Court said, in effect, that the Act, as it stood, did not prohibit mechanics from making dentures. The 1957 session of the State Legislature amended the Act to plug this loophole but illegal mechanics have again asked for an interpretation of the new amendment. No further information is available.

AUXILIARY SERVICES

9. Training Courses for Technicians

Training courses for technicians, though studied for a long time, have, within the past couple of years, become of increasing interest to both the profession and the ethical technicians themselves. Both groups now realize that standards must be established within the craft in order to maintain competency and proper control over those working ethically where, because of new techniques and new materials, higher standards must be established and new training undertaken. Consideration of what these standards may be varies considerably and is still much disorganized, though it is apparent to all interested that, besides technical competency, there must be a modified educational program as well. How these two may be best fitted into each other presents the problem and to some degree, at least, the line of reasoning is modified by conditions in an area. It may eventually prove that differing courses must be established to satisfy the more or less local needs. One factor must dominate any planning. The profession and the technicians' organization must both approve the procedure adopted. Serious disagreement by either body could and probably would wreck any plan.

10. Training Course for Assistants

(a) There has been a surge of interest during the past two or three years in training programs for assistants, sparked mostly by the girls themselves through their local groups or, in one or two instances, by their provincial organizations. The profession has shown only a sort of apathetic interest in these ambitions in some cases, though in others active support has been given by supplying lecturers, helping arrange curricula and setting up examination procedures.

(b) As, of course, you are all aware, the course for dental nurses — the only one in Canada — was discontinued in Toronto University some years ago but now there are indications that, through cooperation between the Royal College and the Faculty of Dentistry in Toronto, the course may be re-established.

(c) Part of the difficulty was the high entrance standards demanded by the University — Ontario Grade 13 — which seemed to be unduly high for the services required from an assistant. It is to be hoped that provincial Boards will recognize the need for girls trained in a standard procedure which may be easily adapted to the needs of any office and will give assistants more enthusiastic cooperation and perhaps a little financial help.

11. Perhaps our Committee should apologize to this Board for the lengthy and somewhat detailed report on various sections but it seemed advisable that everyone interested should recognize what he is up against in this business of illegal practice and we would like to impress on you that this is not the end, rather only the beginning, perhaps only the first battle in a continuing war,

and if Dentistry is going to maintain its position, it must be well informed of the enemy's position.

12. In this connection, at the suggestion of Dr. Cooke, President of the Manitoba Association, a group or committee of the four western provinces has been organized for the above purpose. As originally proposed, this group was to consist of the President and Secretary of each provincial legal body but the first meeting, held in Edmonton, August 23rd, was on rather short notice so, for this and other reasons, the representation was not quite on that basis. Meetings will be held wherever seems most advisable, though it is expected that they will be alternately in each province. Each group pays its own expenses and the host the normal meeting expenses. This promises to be a useful organization. Each Board presents its problems and learns much from the others. Ignorance of what has been going on across the area has been a handicap in the past.

COMMENT and ACTION

1. & 2. Information.
3. & 4. Noted.
5. Noted with particular interest.
6. Informative.
7. Noted with interest — the effect of labour supporting illegal practice of dentistry and the parallel of labour organizing technicians in Ontario.

The conclusion was drawn that elevating the status of the illegal technician prevented the qualified dentist from establishing a practice in the area, thus aggravating the situation and creating a vicious circle.

8. Information.
9. & 10. Noted.

We wish to commend the prompt and concerted effort of the Corporate Bodies and their members, also to recommend *very strongly* that constant vigilance on their part is essential. We also commend the very effective efforts of the President and Secretary before the western legislatures.

We emphasize the importance of educating all Members of Parliament and Members of Legislative Assemblies by their personal dentist and also the attendance of local dentists, en masse, at Legislative Committee Meetings considering anything affecting the dental profession.

We also wish to commend the Committee for their detailed and very informative report.

We recommend the adoption of the Report of the Committee on Auxiliary Services.

APPROVED

CONVENTION

MEMBERS: *Dr. Roger Charette, Chairman, Montreal, P.Q.; Executive Committee: Dr. Roger Charette, Dr. L. Lepine, Dr. G. de Montigny, Dr. Chs. A. Durand, Dr. B. Ward. C.D.A.: President: Dr. A. G. Racey; Secretary-Treasurer: Dr. Don W. Gullett. College of Dental Surgeons of the Province of Quebec: Dr. Victorien A. Dube. Office: Managing Director: Robert Letendre. Program Committee: Chairman: Dr. G. de Montigny. Co-Chairmen: Dr. B. Ward and Dr. M. R. Lang. Speaker's Committee: Dr. G. de Montigny; Dr. B. Ward; Dr. M. R. Lang. Texts Committee: Dr. Jean Fontaine; Table Clinics Committee: Dr. Vincent Tremblay. Clinics and Demonstrations Committee: Dr. Leon Carpentier. Survey Committee: Dr. Antoine Raymond. Scientific Exhibits and "Slides" Committee: Dr. J-Paul Lussier; Dr. Georges Perreault. Halls Coordination Committee: Dr. Gilles Baril, Dr. Marcel Hebert. Publicity Committee: Dr. Aberdeen McCabe, Dr. J. Gaston Lajoie. Special Assistant to the Program Committee and Films Committee: Dr. Jean Nadeau. Finance Committee: Chairman: Dr. Chs. A. Durand. Registration and Room Reservation Committee: Dr. Armand Hay, Dr. Claude Durand. Prizes and Souvenirs Committee: Dr. Adolphe L'Archeveque. Entertainment Committee: Chairman: Dr. L. Lepine. Tables of Honour Committee: Dr. Armand Fortier, Dr. Roland Gendron, Dr. J. Gaston Lajoie. Transportation Committee: Dr. Guy Langelier, Dr. Alban Cadieux. Convention Room Committee: Dr. Amherst Hebert. "Salon d'Art" Committee: Dr. Jean Brault; Dr. Reg. Winn. Golf Committee: Dr. Jacques Demers. Ladies Committee: Honorary Chairman: Mrs. Gerald Racey; Chairman, Mrs. Charette; Mesdames Lepine, de Montigny, Durand, Lussier, Vosberg, Ward, Dube, Lang, McCabe, Harvey, Colle. Alumni Committee: Dr. R. E. Lussier. Commercial Exhibits Committee: Dr. Roger McMahon.*

REPORT

1. Organized by La Societe Dentaire de Montreal under the auspices of the College of Dental Surgeons of the Province of Quebec the C.D.A. Convention will be held at the Queen Elizabeth Hotel in Montreal from October 26 to 29, 1958. At the same hotel from October 22 to 25, 1958, the Board of Governors of the C.D.A. will hold its Annual Meeting.

2. Acknowledgment

The Convention Committee wishes to express its thanks to the Montreal Dental Club and L'Association Dentaire du Quebec for having kindly accepted to join the 1958 Annual Clinic activities with those of the C.D.A. Convention.

3. Patrons of Honour

Honourable J. Waldo Monteith, Minister of National Health and Welfare; Honourable, Minister of Health, Quebec; Dr. Adelard Groulx, Director, Health Department, Montreal.

4. Committee of Honour

President: Dr. A. G. Racey; Members: Dr. Victorien A. Dube, Montreal; Dr. Paul Geoffrion, Montreal; Dr. J. McCutcheon, Montreal; Dr. Remy Langlois, Quebec; Dr. Albert Surprenant, Montreal; Dr. Yves Dufresne, Trois-Rivieres; Dr. Julien A. Giroux, Sherbrooke.

5. C.D.A. 1958 Convention Committee

The personnel of the Committee is as above.

6. Simultaneous Translation

For the First time in a Canadian Dental Convention a system of Simultaneous Translation will be in use during all business and scientific general sessions. There will be enough earphone sets for all. An expert will translate either in French or English all that will be said during each meeting.

7. Program

Sunday, 26

- 1.00 P.M. Registration — Office.
Golf (weather permitting).
- 9.00 Musicale — Robert Savoie — Claire Gagnier

Monday, 27

- 8.30 A.M. Registration — Office.
- 9.30 Table Clinics.
- 10.00 Commercial Exhibits.
Official Opening of the "Salon d'Art" and the Scientific Exhibits.
- 12.30 P.M. C.D.A. Luncheon (including Ladies).
Guest speaker: His Excellency, Most Reverend L. P. Whelan.
- 2.00 C.D.A. Business Meeting. President's Report.
- 3.00 The Grieve Memorial Lecture:
Dr. Wilton Marion Krogman, M.D., Philadelphia, Penn., U.S.A. presented by the C.D.A. Orthodontic Section.
- 4.30 Spot Survey.
- 6.30 Official opening of the Salon d'Art and scientific exhibits by His Worship Sarto Fournier, Mayor of Montreal.
- 7.00 Cocktail Party and Buffet.

Tuesday, 28

- 8.30 A.M. Registration — Office.
- 9.00 Scientific Exhibits.
Commercial Exhibits.
"Salon d'Art".

CONVENTION

- 9.30 Lecture: "Children's Dentistry"
Dr. Wilf. Feasby, Hamilton, Canada. Sponsored
by the C.D.A. Section on Dentistry for Children.
- 11.00 Lecture: "Oral Surgery of Interest to the General
Practitioner"
Dr. W. Harry Archer, Pittsburg, U.S.A., presented
by the Canadian Society of Oral Surgeons.
- 12.30 P.M. Luncheon:
Guest Speaker: Mr. Maurice Tremblay, Investment
Consultant, Montreal, Canada.
Head Table: Dental Societies of the Province of
Quebec.
- 2.30 Essay: "Epitheliomas of the Floor of the Mouth and
Mandible", (Diagnosis and Treatment), followed
by a panel discussion. Dr. Pierre Cernea, Paris,
France.
- 3.00 Visual Education.
- Evening Class Reunions.

Wednesday, 29

- 8.30 A.M. Registration — Office.
- 9.00 Scientific Exhibits.
Commercial Exhibits.
"Salon d'Art".
The exhibits and the "Salon d'Art" close at noon on
Wednesday.
- 9.30 Clinics.
and Each of the six Lectures, which will last 45 minutes,
10.30 will be presented twice: at 9.30 and 10.30.
1. "Amalgam". Dean J. D. McLean, Halifax, Canada.
 2. "Management of Routine Cases of Periodontal
Diseases". Dr. Georges Pelletier, Montreal, Canada.
 3. Panel on Endodontics.
Dr. Wilf. J. Johnston, Montreal, Canada.
Dr. Vincent Tremblay, Montreal, Canada.
Dr. H. H. Pearson, Montreal, Canada.
 4. "Quelle attitude adopter en presence d'une leuco-
plasie ou d'un lichen plan". Dr. Pierre Cernea,
Paris, France.
 5. "Significant Aspects of Esthetics for Complete
Dentures". Dr. Claude W. Adams, York, U.S.A.

6. "Treatment Planning for Occlusal Rehabilitation."
Dr. H. R. Skurnik, Montreal, Canada.
- 9.30 Visual Education.
- 12.30 P.M. Luncheon.
Guest Speaker: Hon. Paul Dozois, Minister of
Municipal Affairs, Province of Quebec.
Head Table: La Societe Dentaire de Montreal.
- 2.30 Panel: "Temporo-Mandibular Joint".
Dr. L. Laszlo Schwartz, New York, U.S.A.
Dr. Melvin Moss, New York, U.S.A.
Dr. Eli S. Goldensohn, New York, U.S.A.
Chairman: Dr. John W. Gerrie, Montreal, Canada.
- 4.00 Report of Spot Survey with comments by Dr. Gullett.
- 7.00 President's Dinner and Dance Entertainment.
- Note: Registration fee includes all receptions and luncheons
mentioned on the program plus the President's Dinner
and Dance.

8. Commercial Exhibits

This exhibit is under the total control of the Montreal Dental Club. A large exhibit containing all the latest in equipment and supplies has been arranged and will occupy all four exhibit galleries.

Exhibits open — Monday and Tuesday — 9.00 a.m. - 5.00 p.m.
Wednesday — 9.00 a.m. - 12.00 noon.

9. Salon d'Art

A cordial invitation was extended to all dentists, their families, and their office personnel to send in exhibits such as paintings, sculptures, photographs and handicrafts.

10. Royal Canadian Dental Corps Association

An informal cocktail will provide the opportunity of a Reunion of all former and present officers of the Corps and dentists who are veterans of other services. The ladies are cordially invited.

11. Transportation

Arrangements have been made by Dr. D. Gullett with the Canadian Passengers Association and Trans-Canada Air Lines regarding reduced fares. Identification certificates are obtainable from the C.D.A. Toronto.

CONVENTION

12. Ladies Program

(a) The Ladies Committee has prepared a special and most interesting program. The tour in the Laurentian Mountains to the Chantecler Hotel and the Fashion Show by Dupuis Freres are the two main events. Souvenirs will be distributed on different occasions and door prizes will be given.

(b) Ladies Program is as follows:

Mrs. Phyllis Racey, Honorary Chairman; Mrs. Cecile Charette, Chairman.

Sunday, 26

1.00 P.M. Registration — Office.
Golf (weather permitting).
Evening Musicale.

Monday, 27

8.30 A.M. Registration — Office.
11.00 Opening of the "Salon d'Art".
12.30 P.M. C.D.A. Luncheon
Guest Speaker: His Excellency Most Reverend L. P. Whelan.
7.00 Cocktail Party and Buffet.

Tuesday, 28

8.30 A.M. Registration — Office.
9.00 "Salon d'Art" and other exhibits.
10.30 Bus Departure for the Laurentian Mountains.
Noon Arriving Chantecler Hotel, Ste-Adele.
1.00 P.M. Luncheon
3.30 Return
5.00 Arriving Montreal.

Wednesday, 29

8.30 A.M. Registration — Office.
9.00 "Salon d'Art" and other exhibits.
12.30 P.M. Luncheon — Fashion Show by Dupuis Freres — French leading Department Stores.
7.00 President's Dinner and Dance.

13. **Publicity**

Two circulars have been sent to Canadian dentists plus one special invitation to the dentists of the Province of Quebec. The Canadian Dental Association Journal has published a 12 page supplement in its June issue announcing the Convention and also carried both French and English communiques since. Trans-Canada Air Lines sent two different mailings to Canadian dentists in English outside the Metropolitan area and one French circular in the Province of Quebec.

14. **Program Committee**

We are very grateful to the scientific program committee for their untiring efforts in preparing a program of lectures and clinics of high scientific interest and for their selection of highly qualified essayists and clinicians. We think that one of the features of the scientific program is the coming from France of a prominent scientist in the person of Dr. Pierre Cernea, of Paris.

15. **Social Program**

The Social program has received a great deal of attention and has been prepared with the idea in mind that the National Convention should offer as many occasions as possible for dentists of all parts of Canada to meet and better know each other, but without prejudice to the scientific program. So the many social activities have been carefully timed not to interfere with the attendance at the scientific sessions.

16. **Registrations**

The volume of advance registration (600 Dentists and 400 Ladies) from all regions seems to indicate that the procedure meets the approval of the profession at large.

17. **Table Clinics**

The chairman of this Committee reports that 35 table clinics have been arranged of which seven will be given by members of the Canadian Dental Nurses Association. It is with a good feeling of satisfaction that we remark that offers have been received from all parts of Canada for the presentation of clinics.

18. **Visual Education**

The chairman of this Committee has made a selection of outstanding films showing various phases of dentistry. These films will be shown, Tuesday and Wednesday, according to a schedule that will be posted well in view at the door of the room where presented.

CONVENTION

19. Sunday Evening Musicale

The musicale being organized in a cabaret style will provide an excellent occasion for local conventioners to meet their friends from other parts of the country and to renew old acquaintances. Two of the best French Canadian artists have been engaged as entertainers for this event. They are Mrs. Claire Gagnier, well known T.V. songstress and opera singer, and Mr. Robert Savoie, opera singer of great talent who is just back from a tour of the principal music centres of Europe including a prolonged stay at Covent Garden.

20. Luncheons

There will be three luncheons.

- a) The Monday luncheon will be the C.D.A. luncheon and the ladies will be present. The guest speaker will be His Excellency, Most Reverend L. P. Whelan. The C.D.A. business meeting will follow immediately in another room in order to use the simultaneous translation equipment.
- (b) The Tuesday luncheon will be under the auspices of the different Dental Societies and Clubs of the Province of Quebec. The guest speaker will be Mr. Maurice Tremblay, a well known investment advisor who will give a short talk on the matter of investments for professional men.
- (c) The Wednesday luncheon will be under the auspices of the Societe Dentaire de Montreal. The guest speaker will be the Hon. Paul Dozois, Minister of Municipal Affairs, Province of Quebec.

21. The President's Dinner and Dance

- (a) The President's Dinner and Dance tickets being included in the registration fee, we expect that all the guests will attend the main social event of the Convention. Tickets will be sold separately to those who could not attend the Convention but wish to participate in this function.
- (b) Head Table guests are requested to wear black tie. The dress for the others is semi-formal.
- (c) The dance will conclude the Convention "en beaute" after three days of scientific studies and discussions. It will be a well deserved relaxation for everybody.

22. Proposed Budget as at September 30, 1958

I Revenue

A. *Registration Fees*

125 "single" at \$35.00	\$ 4,375.00	
400 "double" at \$45.00	18,000.00	
		\$ 22,375.00

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B. Estimated Net Profit from Commercial Exhibition as per Clarkson Conway Co. Estimates	4,300.00
C. College of Dental Surgeons of the Province of Quebec	1,200.00
D. Association Dentaire de la Province de Quebec	300.00
E. Program, Grants and Subsidies	4,000.00
TOTAL	32,175.00

II Expenses

A. Board of Governors Meeting (special)	\$ 150.00	
B. Luncheons and Receptions (including Ladies' Receptions)	12,135.00	
C. President's Banquet	4,570.00	
D. Musicale and Dance	950.00	
E. Meetings		
1. Simultaneous Translation \$ 600.00		
2. Lecturers and Clinicians 2,000.00		
3. Art Exhibition	300.00	
4. Scientific Exhibition	100.00	
5. Sundries	175.00	
	3,175.00	
F. Printing and Registration Expenses	1,000.00	
G. Circulars and Publicity	1,200.00	
H. Press Room and Convention Room ..	600.00	
I. Decorations	300.00	
J. Insurance and Auditing	275.00	
K. Secretariat Expenses	2,000.00	
		\$ 26,355.00

III Surplus

.....	5,820.00
Proposed PROFIT	2,400.00
	3,420.00
FEE (Managing Director)	3,000.00
SURPLUS	\$ 420.00

Note: All profits will be divided equally between the C.D.A. and La Societe Dentaire de Montreal.

CONVENTION

23. Other Acknowledgments

The Montreal Committee is grateful to the C.D.A. personnel in Toronto for its interest and cooperation granted in the organization of the 1958 Convention. Our gratitude is also expressed to the personnel of the College of Dental Surgeons of the Province of Quebec.

COMMENT and ACTION

1. Noted.
2. The Board of Governors of the C.D.A. wishes to join the Convention Committee in expressing their thanks to the Montreal Dental Club and L'Association Dentaire du Quebec on the postponement of their regular meeting to coincide with the C.D.A. Convention.
- 3, 4, & 5. Noted.
6. The Board of Governors wishes to congratulate the Convention Committee on this unique and inaugural procedure.
7. The Board of Governors anticipates that the findings of this survey will be very constructive.

The Board of Governors commends the Convention Committee on another "first", that is in bringing an overseas essayist to address a Convention in the person of Dr. Pierre Cernea of Paris, France, truly adding international flavour to the Convention. Financially, this has been made possible through the cooperation of other groups inviting Dr. Cernea to speak at their meetings, thus defraying expenses. This idea may be something for future convention committees to keep in mind. While the idea came from the Convention Committee we are indebted to the Societe Dentaire de Montreal and the Dental Association of the Province of Quebec for underwriting the expenses of Dr. Cernea.

Under Wednesday October 29th — We acknowledge sponsorship of some of these clinicians by different local societies including the Societe Dentaire de Montreal, the Montreal Endodontic Society and the Mount Royal Dental Society. These six clinics will not be translated as they are given to limited groups only.

8. We express thanks to all exhibitors for their part in making this Convention a success and to the Montreal Dental Club for making arrangements and procuring exhibitors.
- 9, 10, & 11. Noted.
12. We suggest that the Secretary of the Board of Governors write a personal letter to those ladies who have taken such an active part in providing refreshment and entertainment for the visiting ladies. Dr. Charette can provide the names of those to whom we refer as some are omitted in this report.

13, 14, 15 & 16. Noted.

17. Noted with approval as these clinicians may be future essayists and their presentations are of great interest to a large proportion of visiting dentists.

18, 19, 20, 21, 22 & 23. Noted.

We congratulate the Convention Committee on this excellent presentation and recommend the adoption of the Report of the Convention Committee.

APPROVED

MEMBERS: R. G. Ellis, Chairman, Toronto, Ont.; H. W. Reid, Toronto, Ont.; Wm. Miller, Vancouver, B.C.; J. McCutcheon, Montreal, P.Q.; J. A. Fortier, Montreal, P.Q.; J. D. McLean, Halifax, N.S.

REPORT

1. The Annual Meeting of the Council on Dental Education was held on March 31 - April 1, 1958, with a full attendance of the members of the Council. The Council met in the knowledge that a sixth Canadian Dental School had been established (The Faculty of Dentistry, University of Manitoba) and welcomed the presence of its first Dean, Dr. J. W. Neilson. Furthermore, two additional schools were represented by newly appointed senior administrative officers, namely: Dean-elect H. R. MacLean of Alberta, and Associate Dean J. P. Lussier, University of Montreal. Also present at the meeting were the President of the Canadian Dental Association, Dr. A. G. Racey; Dean W. Scott Hamilton, of Edmonton, Alberta; Dr. D. W. Gullett, Secretary, Canadian Dental Association; Dr. W. J. Dunn, Editor, Canadian Dental Association Journal; Dr. H. W. Hart, University of Manitoba; Mr. K. L. Croft, Deputy Secretary, Canadian Dental Association, and by appointment to report on various phases of the Council's activities and interests: Drs. J. Kreutzer, K. J. Paynter, J. H. Johnson, and D. M. Tanner.

2. Conferences — Dental Education

In the last report of the Council to the Board of Governors it was stated that Conferences on teaching methods had been held at Toronto and Edmonton for the benefit of the dental school teachers in those areas. The series, sponsored in part by the W. K. Kellogg Foundation, designed for the benefit of the academic staffs of the Canadian Dental Schools, has now been completed with a session at Dalhousie in the spring, and at Montreal in the fall of 1957. It was generally agreed that these Conferences had been most stimulating, and the following resolution was forwarded to the W. K. Kellogg Foundation with the unanimous approval of the Council:

Whereas: the W. K. Kellogg Foundation has demonstrated interest in the advancement of Canadian Dental Education, and

Whereas: the Teacher Training Conferences in each of the Canadian Schools of Dentistry were made possible with the financial assistance of the W. K. Kellogg Foundation, and

Whereas: the Conferences were received enthusiastically in all of the schools, and

Whereas: the Conferences made a significant contribution to the improvement of teaching in the Canadian Schools of Dentistry, and

Whereas: there is every indication that, as a result of the conference studies, the schools have been stimulated and intend to continue similar studies,

Be it Resolved: THAT the Council forward an expression of appreciation and thanks to the W. K. Kellogg Foundation for the valued contribution and interest.

ADOPTED

3. Students' Register

The Secretary of the Canadian Dental Association was complimented for the document prepared each year compiling valuable data on students registered in the dental schools. It was noted that while the overall registration was almost identical with that of a year ago, the number of graduates (186) was the highest of the past five years. A new table included in the register relating to "estimated average costs for the four-year course" (not including room and board) showed the range for Canadian schools as \$2,400 - \$3,700. Scholarships and loans were available in all schools but for only a small percentage of the undergraduate students. The need for substantial assistance for dental students is increasing.

4. Dental Education — Scandinavia

The Secretary of the Canadian Dental Association, Dr. D. W. Gullett, presented a brief report on dentistry and dental education in the Scandinavian countries. While the schools in these countries are predominantly state supported, the facilities are excellent, there is no scarcity of applicants and standards appear to be very high. The Council was inclined to believe that a re-evaluation of the standing given to graduates from these schools should be considered.

5. Recruitment of Students

During the meeting concern was expressed over the reduced number of applications for admission to the Canadian Faculties of Dentistry last fall. The Council was informed of steps which had been taken in a broad recruitment program. The Public Relations Committee of the Canadian Dental Association had prepared a statement entitled: "Tomorrow's Dentistry — Your Responsibility". This message was distributed to every member of the profession in Canada. It was also noted that a full-page statement on dentistry as a career had been carried in the recent edition of the Canadian High News. While this statement was prepared by members of the profession, it was sponsored financially by a group of dental supply houses. Canadian High News, with a circulation of approximately 100,000 reaches both teachers and students in secondary schools across Canada.

DENTAL EDUCATION

6. Pamphlet — “Dentistry as a Professional Career”

A new edition of the Canadian Dental Association pamphlet “Dentistry as a Professional Career” was approved and released for use by prospective students and guidance officers in secondary schools. This statement is prepared for use anywhere in Canada, with the recommendation that more detailed information may be obtained upon inquiry from any of the six dental schools. In spite of the increased enrolment in the universities that is anticipated in the next few years, no relaxation should be permitted in regard to developing interest in education in dentistry. Dental school facilities are expanding and a rapidly increasing population demands more graduates.

7. Extension — Teaching Facilities

At the 1957 meeting of the Council confidence was expressed regarding the early establishment of a dental faculty at the University of Manitoba. At the same time hopes for expanded facilities at Dalhousie and Toronto ran high. We can now report that the building for the Manitoba school is under construction, the new quarters at Dalhousie are complete and in use, and at Toronto the new building will be ready for occupancy in September or October 1959. When all these new facilities are in full use, the number of freshman students admitted each year will rise from 200 to approximately 300. But this is not the time to relax our efforts to increase the number of dental graduates each year. The following relative statistics for the United States, Sweden and Canada are enlightening:

Country	Ratio of dentists to population, 1957	Number of graduates from dental schools per million of population
Canada	1:2934	11
U.S.A.	1:1671	19
Sweden	1:1700	38

8. Survey — Dental Education

During the past six years the Survey Committee of the Council has visited each of the five Canadian dental schools on three separate occasions. Full accreditation of the five schools by the Council was followed by similar recognition by the Council on Dental Education of the American Dental Association. The representatives of the schools attending the recent Council meeting expressed the view that the original survey had been of tremendous assistance to the schools. The universities concerned had cooperated to the full in respect to recommendations made, and in general the effect on dental education has been stimulating and beneficial. But what of the future? At the recent meeting of the Council the following policy was adopted in relation to future surveys of the schools:

- (i) In 1959 three schools will receive an informal visit from the advisor to the Council;
- (ii) In 1960 the three remaining schools will be similarly visited;
- (iii) After 1960, visits will be made on a biennial basis, excepting in those years in which a formal survey is carried out;
- (iv) In 1961 it is planned to conduct a formal general survey of all the Canadian dental schools, and thereafter a similar survey will be made every five years.

In this connection, it was further recommended that Dr. A. C. Lewis, formerly Dean of the Ontario College of Education, be appointed advisor to the Council.

9. Conference — Practice Management

A two-day Conference session of the teachers of this subject in the Canadian dental schools, was sponsored by the Council and held just prior to the Council meeting, under the chairmanship of Dr. J. Kreutzer. The recommendations which arose out of the deliberations of this group appear in Appendix A. While these recommendations are not binding upon the dental schools, they do provide a valuable guide for the teachers of this subject. Even more important than the formulation of recommendations was the opportunity provided the teachers to confer and discuss with each other many aspects of their subject. The Council is hopeful that each school will profit either directly or indirectly from this Conference.

10. Conference — Teaching of Anaesthesia

A sub-committee of the Council under the Chairmanship of Dr. J. H. Johnson completed a three year survey and study of the teaching of anaesthesia. At a final conference, a small group representing the larger sub-committee prepared a final comprehensive report to the Council which is contained in Appendix B to this report. This report combines the teaching of both local and general anaesthesia. Again, it will serve as a valuable guide to dental schools, but in no way are the recommendations mandatory upon any school.

11. Aptitude Tests

For some years the Council has been studying the merits of an aptitude testing program for prospective Canadian dental students. A careful study of the plan which has been in effect in the United States for the past ten years was made with the view to adapting it to Canadian schools. This included a recent detailed delineation of phases to be carried out by the Canadian Dental Association Council and those to be the responsibility of the Council of the American Dental Association. However, it was decided to study further the possibility of developing an aptitude testing program based on secondary school and higher education in Canada.

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12. Auxiliary Personnel — Dental Assistants

The training of dental assistants was given consideration. It was revealed that courses of training for assistants have been established in some parts of the country on a commercial basis. The Council expressed the view that because of professional considerations, it was desirable that such training programs be conducted within the profession, and that students of dentistry should have the opportunity of learning to work with dental assistants. Therefore, the Council favours the establishment of a course for dental assistants under the aegis of the profession and wherever possible within the dental school.

13. Hospital Internships

A pamphlet published by the Metropolitan Conference of Hospital Dental Chiefs (New York) entitled "What dental students should know about dental internships" was examined. The Council resolved "to appoint a sub-committee to prepare for distribution to senior dental students in Canada a pamphlet similar to that" referred to above. The Council further made provision for the evaluation of hospital dental internships and residency programs. The Hospital Dental Services Committee will accredit the facilities provided in hospitals, while the Council will evaluate the educational programs provided in hospitals.

14. Budget

The budget for 1959 is presented as Appendix C to this report.

15. Future Plans

- (i) To continue the survey program of dental schools, already well established.
- (ii) To develop a program of aptitude tests.
- (iii) To hold a conference on admission requirements in dental schools.
- (iv) To maintain the dental students register.
- (v) To organize conferences in specific teaching areas wherever they can be beneficial.
- (vi) To facilitate the training of auxiliary personnel.

Appendix A

CONFERENCE ON PRACTICE MANAGEMENT RECOMMENDATIONS

1. THAT the term Professional Conduct, as adopted by the Canadian Dental Association, be utilized to indicate the inclusion of the subjects of Ethics, Jurisprudence, History and Practice Management.

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2. THAT the proposed outline (Appendix A1) of the course in Practice Management be adopted by the Council on Dental Education as a basis for teaching.
3. THAT in addition to teaching the application of Ethics, Jurisprudence, History and Practice Management, these subjects should be taught as distinct entities.
4. THAT the minimum number of lecture hours during the course of Professional Conduct be as follows: Ethics, 5 hours; Jurisprudence, 5 hours, History, 10 hours; Practice Management, 15 hours.
5. THAT in the teaching of the History of Dentistry, the lectures be divided appropriately between the first and fourth years, and
THAT Jurisprudence and Practice Management be presented early in the fourth year, and further
THAT the general course in Ethics be presented in the fourth year with provision made for references to the subject in all years of the course in Dentistry.
6. THAT because the teaching of these subjects should not depend entirely upon the lecturers, way and means be sought to implement the teaching of Professional Conduct in all departments of the schools.

Appendix A1

OUTLINE OF COURSE IN PRACTICE MANAGEMENT

(suggested number of hours in parentheses)

1. **The Moral Concept and Responsibility of Professional Practice** (1 hour)
2. **Criteria of Successful Practice — Professional and Economic** (1 hour)
3. **Opening a Dental Practice** (2 hours)
 - sources of information — professional — commercial
 - choosing a location
 - equipping the office
 - announcements and stationery
 - first impressions — personal appearance
 - individual relations
 - group relations
 - professional relations
 - sterilization and cleanliness

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4. **Building and Maintaining a Practice** (2 hours)
 - personal availability and dependability
 - supplementary employment
 - growth of practice
 - maintaining practice
 - community activities
 - continuing education
5. **Use of Auxiliary Personnel—When, How and Relationship** (1 hour)
 - assistant
 - receptionist
 - hygienist
 - technician
6. **Office Records** (2 hours)
 - treatment
 - financial
7. **Fees** (2 hours)
 - basis of determining
 - case presentations
 - estimates
 - basis of payment
 - collection of accounts
8. **Financial Stability** (1 hour)
 - insurance, life and general
 - investments
9. **Avenues of Practice** (1 hour)
 - self-developed practice
 - assistantship
 - partnership
 - purchased practice
 - salaried positions
 - part-time positions
10. **General** (2 hours)
 - obligation for active participation in activities of organized dentistry
 - dental health education in the dental office
 - keeping mentally and physically fit
 - dentistry in a changing social structure

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Appendix B — recommendations arising from the Conference on Anaesthesia — was referred back to the Council on Dental Education for further study.

Appendix C

COUNCIL ON DENTAL EDUCATION
BUDGET 1959

Income: (C.D.A. Grant)	\$4,750.00
Expenditures:	
Survey	\$2,000.00
Council Meeting	1,500.00
Conference — Admission	750.00
Sundry	500.00
	\$4,750.00 \$4,750.00

COMMENT and ACTION

1. Noted.
2. Informative.
3. Noted with interest. Last sentence is especially noted.
4. For information.
5. & 6. The Council on Dental Education is to be commended for its efforts to interest young people in a career in dentistry. We feel that all such activity should not be left to the Council alone, and that individual dentists should assume some responsibility in this regard.
7. Noted with satisfaction and we agree that still further expansion should be encouraged.
8. We recognize value of surveys and accreditation as attested by A.D.A. recognition. We endorse proposals. The appointment of Dr. Lewis is warmly endorsed.
9. We endorse the policy of the Council on Dental Education in holding such conferences. The subcommittee is commended for its efforts.
10. We recommend that Appendix B be referred back to the Council on Dental Education for further consideration.
11. Noted with interest.
12. Agreed.
13. Informative.
14. We consider this a reasonable request.
15. We endorse heartily.

We recommend the adoption of the Report of the Council on Dental Education.

APPROVED

MEMBERS: *H. K. Brown, Chairman, Ottawa, Ont.; C. W. B. McPhail, Haney, B.C.; C. A. E. McCabe, Outremont, P. Q.; E. A. White, Toronto, Ont.; R. O. Brett, Regina, Sask.; B. Dixon, (ex officio) Orthodontic Section of C.D.A., Ottawa, Ont.*

REPORT

1. This report contains a summary of the year's work of the Committee together with certain recommendations and proposals.
2. Out of the 1957 Meeting two specific assignments were given to this Committee:
 - (a) To increase the film library in dental public health;
 - (b) To take steps to set up a National Dental Health Week or Day(s).
3. A list of films was agreed upon and purchased at a cost of \$520.41. (See Appendix "A").
4. The matter of "taking steps" to set up a National Dental Health Week or Day(s) is a very heavy assignment, with every step requiring careful study. Therefore, the work of the Committee was devoted to assembling and examining facts and opinions which appeared to have a bearing on the subject.
5. Immediately following the appointment of the 1957-58 Committee, an informal meeting was held of those Committee members present at the Winnipeg meeting, along with several members of Public Health Committees of provincial dental bodies, five provincial dental directors, a provincial health educator and a Health Information Officer from the Federal health department. This was an unofficial informal meeting at which all participants were invited to express their views concerning Dental Health Days in general and upon the possible advantages and disadvantages of having a National Dental Health Day or Week. No attempt was made to reach a definite conclusion of any kind, but the meeting was very useful inasmuch as it brought to light a number of facts and opinions requiring study.
6. During the past year the Chairman has been in all ten provinces and has tried to obtain as much information as possible regarding the present status of Dental Public Health Week or Day(s) where they are being conducted, and the policy governing their timing and operation. Also a questionnaire was sent to the Public Health Committee of each of the ten provincial bodies for the purpose of finding out (a) whether a National basis for Dental Health Week or Day(s) was favourably regarded; (b) whether a week or day was preferred; (c) what time of year was preferred; (d) whether finances and other resources would make possible a health education program throughout the year.

The consensus favoured a single Day sometime in March, with most provinces reporting lack of resources to carry on an organized program throughout the year. The quest for general information revealed the fact that

Dental Health Week or Day(s) is operated very differently in different places, with varying degrees of interest and participation, ranging all the way from enthusiasm with a considerable number of dentists taking an active part, to other places where more or less frank skepticism is expressed concerning its value and no organized effort made.

There appears to be some difference of opinion as to whether the chief aim of this undertaking should be to improve the public relations of the profession or to conduct a health education program. This is exemplified by the close collaboration between the dental associations and the health educators, particularly in one of the provinces, while in two or three others there appears to be a tendency to depend to a considerable extent on the assistance of professional public relations counsel. This situation led the Chairman to write to a prominent professional health educator and request his opinion and advice concerning it.

The opinions of a number of other chiefs of provincial health education divisions were also solicited. These officials are, without exception, interested in dental health education and have a first class knowledge of the whole field of health education. They control the distribution of all types of government supplied health information material whether produced or purchased by the province or by the Department of National Health and Welfare. Therefore, their help and guidance are of very great importance to Dental Health Week or Day(s) whether operated on a provincial or on a national basis.

They have Section representation in the C.P.H.A. At the joint convention of the C.P.H.A. and Western Branch of the A.P.H.A. held in Vancouver in May this Section was sufficiently interested in the idea of a National Dental Health Week or Day(s) that they invited the Chairman of the Dental Public Health Committee of the C.D.A. to discuss the subject at one of their Section meetings. He discussed it and invited comment, criticism and suggestions. Out of the discussion the following points appeared to be pretty well-agreed upon by the health educators:

- (a) A Dental Health Week or Day, as a flurry of activity lasting only for that period and with no integration with a continuing educational activity throughout the year is of little if any value;
- (b) If the project could be planned and conducted to serve as a means of introducing and "sparking" the dental health phase of the provincial health educators annual program both efforts could be made more effective. (There is a good model of such a working arrangement in Manitoba at the present time);
- (c) This section of the C.P.H.A., in which most of the provinces have representation, expressed a unanimous willingness to collaborate with the public health Committees of the provincial dental bodies and that of the C.D.A. in planning and operating Dental Health Week or Day(s) and related follow-up health education work.

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7. As a result of the information collected and examined during the past year the Committee is of the opinion that a basic principle should be agreed on a statement of policy on Dental Health Week or Day(s) and that this be prepared and offered for the guidance of the profession.

It is suggested that the principles should meet the following requirements:

- (1) It should be in harmony with the statement of Dental Public Health Policy of the C.D.A. (1956 Transactions, P. 92) ;
- (2) It should recognize the principle that the level of general health in the community, as it may be affected by the level of oral health, is governed by the degree to which the public can be motivated to accept and use the related scientific health information;
- (3) It should recognize the responsibility and express the willingness of the profession to share its knowledge with the people;
- (4) It should recognize the need to integrate Dental Health Week or Day(s) programs with the health education efforts of other agencies concerned with conveying scientific health information to the community.

8. The following statement is a basic principle on which a Policy on Dental Health Week or Day(s) may be developed:

Where Dental Health Week or Day(s) are conducted they should be designed to provide an opportunity for all members of the dental profession and particularly members in the various phases of dentistry, to collaborate with one another, and with other interested agencies and individuals in the most effective way to discharge their major responsibility of sharing their scientific knowledge in a continuing systematic way with the people of the community in order that the level of general health as it may be affected by oral health, may be improved.

9. The adoption of the above principles will place the Committee in a better position to study and suggest means whereby it may be most effectively and economically implemented on a National basis. There is a need for a study of the following related subjects: (a) economics and available resources; (b) co-operation with non-dental agencies and professions; (c) principles governing programing; (d) equitable and effective methods of sharing services and facilities inter-provincially and between the provincial dental bodies and the C.D.A.

10. It is the considered opinion of the Committee at this time that Dental Health Week or Day(s) can be set up on a National basis only as the outcome or expression of the collaboration of actively conducted provincial programs. The C.D.A. can serve only as the agency to facilitate that collaboration and thereby assist in disseminating scientific oral health information over a broader

area of the National community in the most effective ways available. The basic essential is good provincial programs with broad professional participation.

11. **C.D.A. Health Information Publications —**

Two new publications in the form of illustrated folders were prepared with the assistance of the Public Health Committee of the O.D.A. and that of a professional writer. These two publications are entitled "A Smile Worth Guarding" and "Those Important Baby Teeth".

Two other publications in the form of illustrated folders are now under revision. They are entitled: (1) A Dental Health Guide for Teachers and Parents; (2) Healthful Living. Both these publications are very much out-of-date and require complete re-writes, much of which has now been done.

12. **Reports of Provincial Dental Health Programs —**

These reports were obtained for the most part, from the Provincial Dental Directors. They contain reports of the dental programs conducted by the provincial departments of health and also those carried on by the dental profession organization. These reports are summarized in *Appendix "B"* of this report.

The Committee discussed the question of making a survey of the dental health content of elementary school curricula in all the provinces, but no decision was made whether or not to undertake this task, which is a big one.

This is a subject which should appear on the agenda when the Dental Public Health Committee is able to meet at C.D.A. Headquarters.

13. **Meetings of Dental Public Health Committee at C.D.A. Headquarters —**

Until this year the members of this Committee have been appointed from one locality, largely for convenience in meeting and conferring. This year the membership has been dispersed from Quebec to B.C. All business has been done by correspondence. The Chairman did not convene a meeting as most of our work was of a fact and opinion finding nature in relation to the proposed National Dental Health Week or Day(s). Sufficient information has now been assembled concerning this and other matters that the Committee should be convened at C.D.A. Headquarters some time during the first quarter of 1959.

14. **The Canadian Conference on Children — 1960 —**

The Executive Committee assigned to this Committee the responsibility of cooperating with the Canadian Conference on Children. This is a multi-discipline organization from the fields of Health, Welfare and Education across Canada. It will study and seek means to meet the needs of children in relation to: (1) health; (2) mental growth; (3) social, emotional and spiritual growth.

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A conference will be held during the first week of October, 1960, for the purpose of studying and discussing information to be provided beforehand in documentary form by co-operating organizations whose work lies in the related fields.

This Committee has agreed to provide statistical data concerning the prevalence of caries, malocclusion and gingivitis in children, and information concerning the availability of preventive and treatment resources. The nature and extent of this information should be decided upon at the meeting of the Committee early in 1959.

In the meantime the Chairman of the Committee will keep in touch with the officials of the conference and co-operate as fully as possible.

15. Dental Health Statistics —

The "Report of the Sub-Committee on Statistics, Public Dental Health Services XIIth International Dental Congress, September 12, 1957" has been referred to this Committee for study and comment.

For the past several years there has been a great deal of interest, particularly in Canada and the U.S., in the adoption of common indices for the measurement of the prevalence in population groups of caries, malocclusion and periodontal disease. Since the establishment of a dental division in the World Health Organization a need has arisen for the international adoption of at least a common caries prevalence index.

Considerable progress has been made in Canada towards the development of an oral health index including caries, malocclusion and periodontal disease, in children. This Committee wishes to express its highest commendation for the work done in this connection by Dr. Robert Grainger and by Dr. Frank McCombie and his dental and statistical colleagues in B.C. The Committee also wishes to record with approval the work being done by Dr. Grainger to assist in setting up an acceptable and effective caries index for international use.

In view of the fact that oral health indices are the technical tools of the public health trained dentist and of the dentist engaged in research work, this Committee is of the opinion that any appraisals of the relative merits of the various indices available, or recommendations regarding their adoption either within Canada or internationally should originate with some Committee or Committees representative of public health and research dentists.

However, this Committee wishes to adjure those public health dentists, research dentists and statisticians who are concerned with the development of oral health indices or any of their components to seek to develop the simplest possible indices consistent with the needs for accuracy. Such indices to be broadly useful must be broadly understood. This point is well, and we think properly emphasized in the "Report of the Sub-Committee on Statistics, Public Dental Health Services, XIIth International Dental Congress, 1957".

16. Water Fluoridation —

It is suggested that the C.D.A. request the C.M.A. to review its 1955 statement on fluoridation and issue a further statement from its next Annual Meeting.

17. Budget —

The Committee requests an allotment of \$2,000.00 for 1959.

The funds will be used for the production of new health information materials, further work in relation to the proposed National Dental Health Day(s) and a meeting of the Committee at C.D.A. Headquarters.

Appendix "A"

F i l m s

<i>Teeth Are To Keep</i> (sound, color)	\$ 55.00
<i>Danny's Dental Date</i> (sound, color)	125.00
<i>Our Teeth (Their Growth & Structure)</i> (sound, B & W)	55.00
<i>A Drop In The Bucket</i> (sound, color)	96.48
<i>Save Those Teeth</i> (sound, B & W)	60.00
<i>Your Child's First Visit To The Dentist</i> (sound, B & W)	46.00
<i>About Faces</i> (sound, color)	82.93
	\$520.41

Appendix B

Summary of Provincial Reports

British Columbia

Estimate was made during the year that basic dental care for the children of the province would cost approximately \$8,000,000 in the first year and that all the dentists of the province would need to spend three-quarters of their time to provide such a service. It is pointed out that the greatest and most economical results are to be attained by prevention.

Fluoridation is progressing slowly. An intensive dental health education program indicates reduction to a degree in the prevalence of dental disease. Full-time preventive dental services are provided by means of national health grants and provincial grants. Community preventive dental clinics increased in number to seventy-four during the year as against fifty-nine in the previous year. Within the schools every effort is concentrated at the Grade 1 level. The educational program includes parents and teachers.

During 1955 a program was evolved whereby the dental health status of

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children of the province could be readily evaluated. This work has been continued, indicating slight improvement in 1957 over 1956.

The great need is more dental personnel as the increase in population has caused a worsening in the ratio of dentists to population.

Alberta

The Alberta Dental Association adopted a policy statement on dental public health. This is the only province without a dental health division and the first objective in the adopted policy is to obtain the establishment of such a division. The report states that agreement has been reached and a dentist fully trained in public health is to be appointed as head of the division. A department of dental public health is to be established in the Faculty of Dentistry, University of Alberta. A broad educational program on dental health is being extended and continued. The Association spent \$5,500 in support of dental health week last year. The provincial law requiring two-thirds plebescite majority in order to introduce fluoridation makes victory difficult but is not discouraging the effort. Even under this handicap plebescites were won during the year through intensive educational efforts.

Saskatchewan

Activities in the province have altered little since last report. Two health regions operate clinical programs. Four other health regions employ dental hygienists in a preventive program. A welfare program of dental services is operated by the government for public assistance beneficiaries. Regina has a school dental service employing one dentist, a most inadequate number. Saskatoon maintains a school inspection service with some clinical service and a pre-school consultative service. The beginnings of an orthodontic service have been initiated. The unsolved problem of lack of dental personnel constitutes the great obstacle. Fluoridation is making slow progress.

Manitoba

The chief activity in Manitoba during the past year was the dental health week program. All possible media were utilized in a concentrated educational program. Good cooperation was given by merchants, newspapers and other publications, radio, television and schools.

Ontario

The Dental Public Health Committee of the Ontario Dental Association reported an energetic year of educational activity. Speakers and materials were supplied to a great number of organizations throughout the province. The Junior Red Cross granted \$20,000 for treatment of special orthodontic cases, which is administered by an orthodontist who is a member of the committee. An effort is being made to supply dental service to some areas where need exists. Dental health day was carried out successfully during National Health Week. An innovation was instituted by the committee in holding a dinner for

the graduating class of the dental school and it is proposed to continue this project annually.

Report from the Dental Division of the Ontario Department of Health stated that dental health programs based on prevention and early control of dental diseases have been in operation in a number of health units and cities for several years. The opinion was expressed that these programs are best when under the direction of a dentist trained in public health, with the assistance of a dental hygienist. Statement is also made that the dental hygienist is a most useful auxiliary but the prestige of the trained public health dentist is essential for the success of the program. Effort is being made to broaden the field of the public health dentist. The statistical service in charge of a public health dentist qualified in the field of dental statistics and research enables the division to assess the value of programs and this is a tremendous asset. The activities of the division consist of advisory and consultative service, dental health education, school dental services, operation of railway dental cars in sparsely settled areas, hospital dental clinics, treatment for relief recipients and laboratory service (Lacto-Bacillus counts).

Quebec

The Dental Hygiene League of Quebec carried on an extensive educational program during the year consisting of one television broadcast each month, two radio broadcasts a week, newspaper articles, over 8,000 written replies to requests for information, a series of lectures to educators, nurses, etc. and over 100 monthly contacts with medical and dental and teaching professions, school authorities, civil authorities, service clubs, etc. Films and some 4,000 pamphlets per month have been distributed covering 80 counties in the province. Intensive activity on fluoridation has been carried on and considerable extension of this public health measure is anticipated in the near future. The program is implemented by a secretarial staff and six dentists qualified in dental public health. 3,524 lectures were given to school children during the past year. The College of Dental Surgeons of the Province granted \$5,000 in support and federal and provincial grants amounting to \$52,600 in support of dental health education were made during 1957-58.

A clinical program is carried on in the health units by the Department of Health and also in the city of Montreal.

New Brunswick

Dental health day was observed utilizing all available media and it is proposed to continue this educational effort.

Nova Scotia

The promotion of the program in dental health education is carried out mainly through two agencies: mobile dental units and dental hygienists. During the winter months the mobile units serve the provincial sanatoria. Six

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hygienists were employed last year in a program covering pre-school and school children as well as the Normal College. Topical fluoride applications are carried out for the 3 and 7 year old groups. Stimulation of interest in fluoridation continues to be one of the main activities. The scarcity of dentists in rural areas is one of the great handicaps to the program.

Prince Edward Island

A clinical program is operated for indigent children in the two larger municipalities. Dental treatment is available for Grades I and II children in rural areas either in mobile clinics or private offices with the latter found to be more economical. Clinics operated by dental hygienists for topical application of sodium fluoride are popular. These clinics have been most effective in promoting dental health because the child must have treatment services completed before being accepted. A new development is the establishment of a preventive orthodontic clinic for the interception and correction of simple orthodontic conditions which is serving a definite need. It is proposed to hold a dental health day.

Newfoundland

The program has three chief objectives: first, education in preventive dentistry to all groups, using all available media; second, school dental examinations by both public health and private practitioners. Third is free dental treatment for school children. Intensive effort is being made to obtain fluoridation, particularly in St. John's.

COMMENT and ACTION

1. & 2. Information.
3. This action is to be commended. We would suggest that consideration be given to the purchase of Dental Health films in the French language.
4. Noted.
5. Information.
6. It would appear that in a Dental Health Week or Day(s), a program which is a combination of *public relations* and *health education* is more desirable than one which emphasizes only the one or the other phase. Public relations is the essential prerequisite to the development of dental public health educational programs.
7. Agreed.
8. It is agreed that all members of the various phases of dental activity should participate in Dental Health Week or Day(s).
9. & 10. Agreed.
11. In addition to the publications mentioned under this heading, it is recommended that the publication "Facts" be included for revision.

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12. It is recommended that in the annual reports on provincial programs, the report be limited as much as possible to innovations, changes and highlights wherever possible.

13. Arising from the discussion of this item the following resolution is presented:

Whereas it is believed that good public relations is an essential prerequisite to successful development of dental public health education programs, and

Whereas Dental Health Week or Day(s) can serve effectively to enhance the esteem and regard of the public for the profession, and

Whereas it is desirable for the Dental Public Health Committee to suggest means whereby a Dental Health Week or Day(s) may be most effectively and economically implemented on a national basis, and

Whereas the Dental Public Health Committee has now collected a prodigious amount of valuable and pertinent information which could permit the committee to undertake further study and analysis with a view to giving ultimate direction in this regard, and

Whereas it is essential that this information and any other matter pertinent to Dental Public Health activities be considered in an atmosphere conducive to maximum consideration, therefore be it

Resolved that the Dental Public Health Committee arrange to hold a meeting of its members at C.D.A. Headquarters during the year 1959.

ADOPTED

14. We concur and it is indeed gratifying that such earlier activity is becoming a reality. Because of its importance we recommend that all groups having an interest in this area be invited to offer suggestions and assistance to the Committee on Dental Public Health.

15. We agree.

16. We agree and recommend that this suggestion be carried out.

17. In view of the increased activity in the area of Dental Public Health and the desirability of support in this activity we recommend that the budget allotment be set at \$2,000. This would permit the holding of a meeting at Headquarters in addition to the normal routine budget allowance.

We are indeed impressed with the activity that has been set in motion by the Report from the Dental Public Health Committee.

We heartily recommend the adoption of the Report of the Dental Public Health Committee.

APPROVED

OFFICERS: G. Nikiforuk, President, Toronto, Ont.; D. G. Johnstone, President-Elect, Niagara Falls, Ont.; D. R. Anderson, Vice President, Toronto, Ont.; W. J. Spence, Secretary Treasurer, Toronto, Ont.; D. L. Rife, Historian, Toronto, Ont.

REPORT

1. The membership of the Canadian Society of Dentistry for Children numbered 197 for 1957-58. The majority of the members are from Ontario and all but a few are engaged in general practice of dentistry.
2. In response to many requests to geographically extend the activities of this Society, this year's Annual Meeting was held at Niagara Falls on May 10, 1958. The success of the meeting was largely due to the active part played by the local membership of the Niagara Peninsula Dental Association and the Niagara Falls Dental Society.
3. At the above meeting, the contributions of Dean R. G. Ellis in the field of Dentistry for Children were recognized by extending to him an Honorary Membership in the Society.
4. It is a pleasure to report that an Alberta Chapter of the Canadian Society of Dentistry for Children has been organized under the "spirited" guidance of Dr. C. Castaldi. The officers of this new section are:
President — Dr. C. Castaldi
Treasurer and Secretary of Northern Alberta — Dr. N. Basaraba
Secretary, Southern Alberta — Dr. A. Kluzak
5. The Alberta section has tentative plans of inviting Saskatchewan and Manitoba to join hands in planning a large organizational meeting for Western Canada at Banff in 1959.
6. (a) A prize to be known as the Canadian Society of Dentistry for Children Award is to be made available to each of the five schools of dentistry in Canada commencing with the session 1958-59. It is to be awarded on an annual basis, to a member of the graduating class recommended by the Faculty to be most proficient in the didactic and clinical phases of dentistry for children. The award shall be in the form of a recognized textbook in the field of dentistry for children and a two year subscription to the Journal of Dentistry for Children.
(b) The terms of the award have been accepted by all the schools of Dentistry in Canada.
7. A request was forwarded to the Executive Council of the American Society of Dentistry for Children to permit members of the Canadian Society of Dentistry for Children to subscribe to the Journal of Dentistry for Children

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at a special rate of \$3.00 per year. This request was approved and a large section of the membership took advantage of this offer.

8. We note with interest the resolution of the Board of Governors of the Canadian Dental Association at its annual meeting in 1957 that time be al-
lotted for a presentation from this section at its annual meeting in Montreal.
Equally encouraging are the requests for names of members of the Canadian
Society of Dentistry for Children who may participate as essayists and clini-
cians received from the Ontario Dental Association and the Academy of Den-
tistry (Toronto). It is gratifying that there is an increasing awareness of the
importance of preventive dentistry and that greater opportunities are now
being provided for acquisition of knowledge in this important aspect of
dentistry.

9. The next annual meeting of the Canadian Society of Dentistry for Child-
ren will be held in Toronto, May 9, 1959.

10. The new Executive for 1958-59 is as follows:

Hon. President	-	-	-	-	-	-	-	-	G. Nikiforuk
President	-	-	-	-	-	-	-	-	D. Johnstone
President Elect	-	-	-	-	-	-	-	-	D. R. Anderson
Vice-President	-	-	-	-	-	-	-	-	P. Currie
Secretary-Treasurer	-	-	-	-	-	-	-	-	D. Beierl
Historian	-	-	-	-	-	-	-	-	D. Rife

COMMENT and ACTION

- 1. Information.
- 2. Noted.
- 3. Concur.
- 4. We wish to recognize the untiring efforts of Dr. C. Castaldi.
- 5. Noted with interest and we commend the geographic extension of the
activities and influence of this group. We look to the time when their
section meets at a time coinciding with the C.D.A. meeting.
- 6. We approve their action to increase interest.
- 7., 8., 9., & 10. Information noted.

We recommend the adoption of the Report of the Dentistry for Children
Section.

APPROVED

MEMBERS: *J. D. McLean, Chairman, Halifax, N.S.; J. P. McGuigan, Halifax, N.S.; S. K. Wetmore, Lancaster, N.B.; H. S. Crosby, Halifax, N.S.; H. N. B. Beach, Ottawa, Ont.*

REPORT

1. Your committee has taken under advisement the recommendation adopted at the last annual meeting "that the Committee on Ethics investigate the desirability of a more rigidly defined Code of Ethics".
2. It would seem that, while members of the Association are governed in their ethical conduct primarily by the codes of the several corporate bodies, the provincial organizations now tend to look to the Canadian Dental Association for direction in matters of ethics. The Committee was informed by the Secretary in a letter of January 13th that, "During the recent months we have received more requests for copies of the C.D.A. Code of Ethics than for any other one publication. These requests have come from professional organizations on a worldwide basis".
3. The Committee is of the opinion that the Code of Ethics of the Association should be revised to give more specific direction to the membership, and to give other interested individuals and organizations a better understanding of the principles guiding the behavior of our profession and its individual members.
4. Attached to this report as Appendix A is a draft of a "Code of Ethics" based on the previously adopted pamphlet "A Guide to Professional Conduct", but with considerable amplification. This material was prepared after careful study of the Codes of Ethics of the several provincial legal bodies, and the Codes of the American Dental Association and the Canadian Medical Association.
5. It is requested that this material be studied at this meeting, but that action on its adoption be delayed until it has been circulated to each of the provincial legal bodies for consideration and comment. Final action on its approval might be considered after further deliberation and amendment at the next annual meeting of this Board.
6. Not infrequently throughout the year, the Committee receives communications requesting interpretation of the Association's position on certain matters of ethics. Heretofore, formal statements by the Association, on which opinions might be based, have been somewhat limited and the Committee has hesitated to make a statement which had not received the formal endorsement of the Association. On occasion, personal views are expressed, but it is felt that formal statements of the Association's stand, when not previously established, should be obtained before the Committee makes an official pronouncement. Although the resulting delay may be disappointing, specific direction can be obtained from the legal body in the area in which the problem arose.

7. The Committee welcomes, indeed encourages, communication from all sources on any matter pertinent to the subject of ethics, for only in this way can it keep abreast of the situation and trends.
8. In this connection it is requested that representatives to this Board, as well as appropriate persons in the provincial organizations, forward to the Committee any information pertaining to ethics which may come to their attention during the year.
9. A communication was received referring to a classified advertisement in a professional journal which said, in part, “Associate Dentist required by a dentist specializing in extraction and general anaesthesia. Desire someone to take over operative work.” The author of the communication said, “To my mind, such advertisement is unethical. There is no such thing as a dentist specializing in extraction and general anaesthesia, and furthermore, if he is an oral surgeon, what is he doing providing operative work in his office.”
10. It is quite clear to the Committee that if “the dentist specializing in extractions and general anaesthesia”, is not an oral surgeon, he may not claim to be “specializing”, and is, therefore, advertising himself in an unapproved fashion. If he is an oral surgeon, then he might state it in a better manner.
11. The Committee also is of the opinion that while it may be contrary to the regulations of Specialty Boards for oral surgeons to do operative dentistry, there is nothing in the Code of Ethics of this Association to prevent him from so doing.
12. Another question raised with the Committee concerned the propriety of listing decorations, various titles, degrees, etc., in approved directories and accepted media of advertising. The Committee feels that this matter should be left with local and provincial custom and regulations, but referring to Section 7d. of “A Guide to Professional Conduct”, the dentist should not use more than his basic professional degree and/or specialist qualification. We see no reason for listing any degrees in professional directories, but it may be desirable to indicate those who have specialist qualifications and are engaged in the practice of a specialty.
13. The Committee does not anticipate any expenditure for the forthcoming year, and therefore, no budget is presented.

Appendix A

DRAFT
CODE OF ETHICS
CANADIAN DENTAL ASSOCIATION

Preamble

Ethics is concerned with the social customs and behaviour patterns of an individual or group insofar as such conduct is related to the moral standards of the group or society. In thinking of ethics, it is usual to refer to a set of

ETHICS

rules or laws — a Code of Ethics. Correct professional conduct is determined primarily by the opinion and attitudes of professional brethren of good repute and competence. No code of ethics, however carefully it may have been prepared, can serve as a fixed set of regulations to meet all eventualities and upon which, in every instance, final judgment of an individual's behaviour can be passed.

This Code of Ethics is a statement of the broad principles which should permit members of the Association to appraise and govern their own pattern of conduct. Members of the profession should re-examine their attitudes and actions frequently so that they may continue to enjoy the support and confidence of those whom it is their privilege to serve.

The quintessence of our rules for conduct may be found in the statement of the Golden Rule, "As ye would that men should do to you, do ye also to them likewise".

Clause I: Obligation to Patients

The high calling of dentistry carries a moral obligation to render service. The dentist should be ever ready to respond to the reasonable wants of his patients, fulfilling these to the highest degree within the limits of his skill and knowledge whether they require the simplest or most complex attentions; he should endeavour to render the same quality of service that he would wish for himself or his family from a confrere; and he should merit the confidence of all patients entrusted to his care, rendering to each a full measure of service and devotion.

(a) Every patient is entitled to adequate examination. It is the duty of every dentist to impart such knowledge to his patients as may be deemed necessary for them to have a fuller understanding of their needs and care. Inasmuch as a patient is rarely competent to judge his own requirements, the dentist should honestly and sincerely advise the proper course of treatment. He should kindly but firmly insist upon doing only those things which his professional knowledge dictates to be in the best interest of his patients' welfare.

(b) No person engaged in the profession of dentistry can expect to be expertly informed in all phases of diagnosis and treatment. In instances of doubt there should be no hesitation in seeking the advice of professional brethren, either general practitioner or specialist, by the referral of patients for diagnosis or treatment.

In such instances it is desirable for the two dentists to confer before comment to the patient, so that a concerted plan may be presented. Statements should not be made, nor should discussion take place in the presence of the patient, his family or his friends, which might lead to confusion in the mind of the patient as to the correct diagnosis or proper plan of treatment, or tend to discredit either the consulting or attending dentist.

(c) It is the duty of every dentist to continue to refresh and enlarge the knowledge and skill of his science and art, so that he may be ever ready to give his patients the best treatment which circumstances permit. To this end he should avail himself of all possible developments in the profession which may be derived from professional publications, clinics, conventions, and refresher courses.

(d) The payment of a commission or fee to a dentist, or any other person, for the reference of a patient, and the practice of dichotomy (fee-splitting) is to be condemned as being beneath the honour of the profession.

(e) Information of a personal nature which may be learned in the practice of dentistry of or from a patient should be kept in utmost confidence, except as it may be necessary to divulge such information in order to protect the welfare of the individual or the community, or as may be required by law.

(f) Adequate records should be kept on each patient during the course of diagnosis and treatment, so that the dentist may review and study the course of the illness and his treatment.

The interest of the patient is paramount in the practice of dentistry, and everything that reasonably and lawfully can be done to serve that interest must be done by all dentists who have served or are serving the patient. When a colleague who is presently treating a patient requests records from another dentist who has formerly treated the patient, the former dentist should promptly make records available to the attending dentist.

(g) Fees for dental service should be commensurate with the services rendered and the patient's ability to pay, having due regard to ensure justice to the patient and the dentist, and respect for the profession. The patient's ability to pay is a secondary factor, to be considered only after value commensurate with the services rendered. Because of variation in the treatment of similar conditions, it is impossible to establish with mathematical accuracy a set fee for a particular type of service, and, therefore, an arbitrary sliding scale of fees cannot be adopted and applied individually or by the profession.

Many misunderstandings and complaints about fees, with consequent ill-will, can be obviated by discussing fees with patients, so that the patient may understand and appreciate the service for which the fee is paid. Where possible, it is desirable to enter into such discussion at the time a particular treatment is planned.

(h) To warrant or guarantee operations, appliances or treatments is unprofessional conduct.

(i) Except in the case of an emergency, where he should render service to the best of his ability, a dentist should be free to choose whom he will serve. Having undertaken the care of a patient, he must not be neglected by the dentist; and, unless the dentist has been discharged, he may discontinue his services only after giving adequate notice.

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This Association has the conviction that the right of patients to select the dentist of their choice should be preserved.

(j) As a service to patients, and in the interest of preventive dentistry, it is ethical for a dentist to establish a recall system within his practice, so that patients may be notified of the regular and periodic intervals at which they should seek examination. At the same time, great care must be exercised in the method of implementing such a system, to ensure that the approach to patients can not be misconstrued as solicitation.

(k) In instances where appointments have been broken without sufficient notification to the dentist; where time has been reserved for such patients; and where, only because of the inadequacy or lack of notice, the dentist is unable to effectively use the time of the broken appointment, it is not considered unethical for the dentist to make a reasonable charge to the patient for such lost time. Patients should have prior knowledge of the dentist's intentions in this matter, whether verbally, by notation on appointment cards, or by other similar means.

(l) It is the obligation of every dentist, both to himself and to his patients, to be temperate in all things, that at all times the health of his mind and body may be at its best, so that his patients may have the benefit of the clearness of judgment and skill which they have a right to expect.

(m) A dentist as a member of the health professions does not lend his name or written testimonial, whether for reward or not, to any product or material whatsoever its merits. It is precisely because he is a dentist that his advocacy may have extra market value.

Clause II: **Obligations to the Profession at Large**

(a) Every member of the dental profession is bound as such to maintain the honour and integrity of the profession; and his conduct in all things should be such as to bring credit to himself, his confreres, and his profession.

(b) It should be a point of honour for members of the profession to adhere to established standards of ethical practice, as varying conditions between communities permit.

(c) Every dentist should give his whole-hearted moral and physical support to the advancement of his profession through his local, provincial, and national societies, to the mutual benefit of all concerned.

(d) Every dentist should show his appreciation and respect to his teachers and to those who have contributed in the past to the knowledge and art of the profession, by presenting without thought of personal gain such advancements in his science and art which may be of mutual benefit to the profession and the general public.

While the dentist may patent instruments, appliances, and medicines, or

copyright publications, methods, and procedures, the use of such patents or copyrights so to receive excessive remuneration from them, which retards or inhibits research, or restricts the benefits derived therefrom, is unethical. To obtain a patent and use it for his own aggrandizement or financial interest, to the detriment of the profession or the public, is most unethical.

Clause III: **Obligations to Professional Confreres**

In his relationships with his colleagues, every dentist should behave in such fashion as he would to a brother, doing and saying only those things which he would appreciate from others.

(a) It is most unethical for any dentist to pass comment in judgment of the qualifications and procedures rendered by his confreres, except as such comment shall be to the mutual benefit of all concerned.

(b) Where patients have been referred for consultation or seek emergent treatment, the dentist to whom they have been referred should be most cautious in his relationship to such patient, and render only such comment and treatment as has been specifically requested by the original dentist. The patient should be returned to the attending dentist as soon as possible.

(c) In presenting himself to the public, a dentist should do only those things which will present him as an equal of his professional brethren, except as he may be duly qualified to practise as a specialist in his province. Announcements of any nature to the public in connection with his practice should not contain any reference to qualifications (other than by accepted abbreviations of recognized degrees, diplomas, and specialist qualifications), procedures or equipment.

(d) Solicitation of patients, directly or indirectly, by a dentist, by groups of dentists, or by institutions or organizations is unethical.

Advertising as such is not proscribed, providing it does not take a form which might be construed as solicitation of patients.

Thus, the dentist may:

1. use such sign or signs which in size, character, wording, and position reasonably may be required to indicate the entrance and location of the premises in which the practice is performed. Such signs should be of the character, size and material as may be approved by the legal body of the community in which the practice is located.
2. use professional cards indicating only the name, degree, office address, and telephone of the dentist.
3. use accounts and receipts.
4. use appointment cards and recall notices.

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5. use announcements of commencement of practice, change of location, or restriction of practice.

In this connection, it is proper for a dentist to send announcements to his colleagues, to his intimate personal friends not in the dental profession, and to those persons in allied fields with whom it may reasonably be expected that he will associate. Announcements of the opening of an office should not be mailed indiscriminately to all persons in the community, nor should commercial mailing lists be utilized.

6. use telephone listings in the white pages of the directory to show profession, office and home addresses, in standard lettering. In the yellow pages of the directory the listings should be in standard small lettering only.

The practice of permitting one's name to be listed in commercial advertising directories, unless such directories include on like terms and without discrimination the names of all licensed practitioners in the area served by the directory, is interpreted as an indirect means of soliciting patients.

The indiscriminate mailing of reprints, without sufficient reason, is construed as an attempt to solicit patients, either directly or indirectly, or an attempt to bring undue attention to the author. At the same time, an author may honour requests for copies of his article.

(e) It is an accepted principle that the most worthy and effective advertising is the establishment of a well merited reputation for professional ability and fidelity; and that disregard for local customs and offences against recognized ideals are unprofessional.

(f) Articles to newspapers, or an interview reported to the press or submitted thereto, or an appearance or recording transmitted to radio or television, shall be held to be unpermitted advertisement if they include the name or professional address of the dentist and an indication that he is in practice at that address. A dentist who gives an interview to a representative of the press, radio or television, should take steps to ensure that the above views are respected.

Statements and interviews by duly elected or appointed officials of organized dentistry as may be directly connected with their appointment are not precluded.

(g) The presentation of newspaper articles, and presentations on radio and television by individual members of the profession, in general, should have the prior approval of recognized professional organizations to avoid the unethical position of soliciting patients.

Clause IV: **Obligations to the Public in General**

The subject of professional ethics deals equally with individual relationships with the public, with professional confreres, and with the profession at large. There is only one set of moral standards to be used in relation to colleagues and in the matter of public relations.

(a) In his relationship with the public every dentist should realize the preventive as well as the restorative aspect of his professional services, and he should seek such opportunity as may be presented to educate the public in the aims and desires of our profession, that the general dental health of all may be bettered. Such presentations should have the approval of the profession in accordance with accepted principles of that time.

(b) Because of the advantages of his education and his singular relationship to the public, in that unlike most professional men, he is dealing daily with people in their state of normal good health and emotional stability, the dentist has an opportunity to study and appreciate the interests and problems of a large cross-section of the population. Therefore, he should make it his duty to take an active interest in the affairs of his community.

The dentist has a responsibility not only to the individual, but also to society. These responsibilities deserve his interest and participation in the activities which have the purpose of improving both the health and the well-being of the individual and the community.

(d) The dental profession should safe-guard the public and itself against dentists deficient in moral character or professional competence. Dentists should observe all laws, uphold the dignity and honour of the profession, and accept its self-imposed disciplines. They should expose without hesitation illegal or unethical conduct of fellow members of the profession.

COMMENT and ACTION

1. & 2. Informative.

3. We concur.

4. Informative.

5. Noted—the draft presented in Appendix A represents an excellent framework for a code of ethics.

6. Informative and agreed.

7. Agreed.

8. Concur.

9. Informative.

10. & 11. Concur.

12. Noted — this question shows the needs for clarification of terms and reasons for a code of ethics.

13. Agreed.

We recommend the adoption of the Report of the Ethics Committee on Ethics.

APPROVED

HEADQUARTERS PROPERTY

MEMBERS: *R. P. Lowery, Chairman, Toronto, Ont.; H. W. Reid, Toronto, Ont.; G. V. Fisk, Toronto, Ont.*

REPORT

- 1. Acting on the report of the Lighting Service Department of the Toronto Hydro-Electric System, we are proceeding with a program of more efficient lighting. This will be done, of course, with 'intelligent' respect of our financial situation.
 - 2. We are taking steps to provide more adequate and safe accommodation for our records and other valuables. This will likely mean adjustment on the basement floor.
 - 3. We recommend that depreciation on building and furnishings accounts be the responsibility of the Association, rather than the Committee.
- Note—The rental received from the Association by this Committee is only for the operating and maintenance expenses of the building.
- 4. The added accommodation, due to the exit of the Board of the R.C.D.S. and the Ontario Dental Association as tenants, will take care of, at least for the present, our ever expanding administration requirements.
 - 5. We would express our deep appreciation to these departing guests, for their gracious acceptance of the accommodation provided, and wish them all the best in their new and commodious building 'next door'.
 - 6. In our opinion we have a Headquarters Building in keeping with our professional standards.
 - 7. The proposed budget for 1959 is attached as Appendix A.

Appendix A

BUDGET FOR 1959
COMMITTEE ON HEADQUARTERS PROPERTY
Canadian Dental Association

	1957 Actual*	1958 Budget	1959 Budget
Receipts			
Rentals	\$6,660.00	\$6,660.00	\$5,400.00
Disbursements			
Transfer to reserve	1,000.00		
Furnishings		500.00	
Repairs and Maintenance	866.34	2,000.00	1,500.00
Taxes	894.28	1,000.00	1,000.00

HEADQUARTERS PROPERTY

Janitor services	700.00	800.00	800.00
Heat	550.89	625.00	600.00
Gas and water	308.50	400.00	350.00
Light	556.39	525.00	500.00
Audit	75.00	75.00	75.00
Insurance	665.50	250.00	300.00
General expense	10.30	100.00	100.00
	\$5,627.20	\$6,275.00	\$5,225.00

*Taken from 1957 auditors Statement.

Cash on hand December 31st, 1956	\$5,570.73
Cash on hand December 31st, 1957	6,603.53

COMMENT and ACTION

1. & 2. Noted and approved.

3. WHEREAS clarification of the responsibility for expenditure has been requested by the Committee on Headquarters Property, therefore be it RESOLVED that the Committee on Headquarters Property be responsible for routine repairs and maintenance, whereas depreciation, major repairs, new furnishings and equipment should be charged to capital expense and be the responsibility of the Association.

4. Informative. ADOPTED

5. We agree and recommend that a letter of appreciation and best wishes from the Board of Governors be sent to the Royal College of Dental Surgeons of Ontario and the Ontario Dental Association on their move to new quarters.

6. Agreed.

7. Budget as submitted is approved.

We thank the Committee on Headquarters Property for its very efficient management of Headquarters property, of which the whole profession should be proud.

We recommend the adoption of the report of the Committee on Headquarters Property.

APPROVED

MEMBERS: *P. G. Anderson, Acting Chairman, Toronto, Ont.; Harvey W. Reid, Toronto, Ont.; T. R. Marshall, Toronto, Ont.; E. S. Dorion, Montreal, P.Q.; L. V. Janes, Hamilton, Ont.; W. R. Scott, Vancouver, B.C.; Wm. H. Macneil, Halifax, N.S.; L. Bernier, Quebec, P.Q.*

REPORT

1. A meeting was held at the C.D.A. Headquarters on June 9th and 10th, 1958.
2. The recommendations and comments on the committee's report to the Board of Governors last year were reviewed, discussed and positive action was taken wherever indicated.
3. A new member — Dr. E. S. Dorion of Montreal — was welcomed to the committee's discussions, as was Dr. G. V. Fisk of Toronto, representing the Orthodontic section.
4. A brief progress report on national health developments outlining the chronological developments in Canada was presented and discussed. It is presented as Appendix A.
5. Provincial Reports were submitted from the following provinces — Nova Scotia, Saskatchewan, British Columbia and Ontario. These are of special interest in that a definite trend is becoming established in the thinking in respect of national dental health. In view of the fact that in some areas types of dental service have been projected which are opposed to the principles recommended by this committee and adopted by the C.D.A., the following motion was unanimously adopted.

WHEREAS the Canadian Dental Association is anxious to assist in supplying information and, when requested, suggested guidance, and

WHEREAS this committee exists to examine and study ways and means of providing dental care for our people from the health, quality of service and economic aspects, and

WHEREAS it has come to the attention of this committee that in some areas, types of dental service have been projected which are opposed to the principles recommended by this committee and adopted by the Association, therefore be it

RECOMMENDED that an annual Conference of Provincial Secretaries be considered as a valuable method of exchanging information and keeping C.D.A. Headquarters informed of the thinking of dental organizations of or within the provinces.

ADOPTED

6. The committee discussed at considerable length a memorandum regarding House of Commons Bill #320. This has to do with an act to authorize contributions by Canada in respect of programs administered by the provinces, providing hospital insurance and laboratory and other services in aid of diagnosis. Interpretation of sections of the Act is that the inclusion of dental service is a responsibility *on the provincial level*. One or two provinces only have been actively engaged on this point and its importance should definitely be emphasized. (see Appendix B)

7. A digest of dental care plans was submitted. Analysis of many of the plans as presently set forth clearly indicates that the planning for health insurance depends so very much on economics and administration that any profession facing the issue has great need of expert advice in these fields which is beyond the scope of training in dentistry. (see Appendix C)

8. Considerable debate has centered around payment plans for dental services. The plans are relatively new on this continent and as yet the Committee sees no reason to alter any previous conclusions, and to that end again endorsed with minor amendments the Principles for Post-Payment Plans for Dental Services. (see Appendix D)

9. The Saskatchewan Dental Services Plan, which was approved at the last annual meeting as meeting the requirements set forth in the adopted principles of the Canadian Dental Association (Page 115, Transaction 1954) was again under observation. While this plan differs somewhat from the conception of many, it may easily prove to be the solution to a large part of the dental problem. The feasibility of the plan has now been proved. The interest shown in this plan at present would indicate the possibility of its becoming accepted by several of the provinces. Ontario has made a detailed study of the operation of the plan and indicates that this plan has been adopted. (see Appendix E)

10. The Secretary reported in considerable detail on dentistry in European countries. This has appeared in previously published reports and will be referred to elsewhere. Some main observations are —

- (i) Health Insurance in Scandinavian countries and other European countries have schemes that have been in operation much longer than anything on this continent.
- (ii) Variation exists in the type of scheme from country to country but in all cases practice has been altered and the work of the dental associations has been greatly increased.
- (iii) It is notable that in order to deal with arising problems the profession has found it necessary to employ expert personnel from outside the profession in several areas of knowledge. Admittance is freely made by officials of the profession that this need was realized too late.

HEALTH INSURANCE STUDIES

- (iv) The most valuable feature of such investigation is in learning the good features which do exist in these schemes and probably of even greater value is the obtaining of first-hand knowledge of the pitfalls and mistakes.

11. The Committee discussed at length the content and procedure of the forthcoming Survey of Dental Practice in Canada. The procedure adopted for 1953 was an acceptable one and it is proposed to repeat in a similar manner. Comparative analysis is of great value. Consequently it appears desirable to follow the survey questionnaire used for the year 1953 as closely as possible. The committee decided to publish the questionnaire in both English and French languages.
(see Appendix F)

12. With the rapid changes that are coming about in the patterns of the health care of the public and the extent in which dentistry is involved, there is a vital need for making adequate studies of the economics of dental practice in Canada, and interpreting statistical information in relation to dentistry. The following motion was adopted —

WHEREAS in the opinion of the Health Insurance Studies Committee, a definite need exists for the development of statistical data related to dental practice in Canada, and

WHEREAS the compiling of such statistical data is beyond the capacity in training of a dentist, therefore be it

RESOLVED that the means be established for developing necessary data, and, for such purpose, properly qualified personnel be employed by the Association.

ADOPTED

13. In 1950, at the Annual Meeting, the Association recommended the establishment of a dental services corporation. Some modification of the original recommendation has been made during the intervening years (See 1957 Transactions, P. 109). The committee is earnestly aware that if the dental profession is to retain control of its own services in the future, experience is essential in administration on a group basis. The framework of discussion in this matter appears as Appendix G.

14. Direction was given that a statement be prepared outlining the reasons for and advantages of a dental services board duly incorporated. After the Health Insurance Studies Committee had met, a statement was prepared at headquarters and forwarded to all corporate members. This statement is in answer to the most frequently presented questions and suggests a basis of study in respect to the dental service corporation.
(see Appendix H)

15. It must be obvious that in all the previous years and in the same vein again this year, much time has been spent on studies of dental service organizations and corporations, of interpretations of health surveys and of studies of

payment plans. These studies come into clearer focus when we realize the significance of the trends which are taking shape in organized dentistry. There is no longer any doubt, that the time has arrived when dental organizations and dentists individually must consider seriously the significance of these trends. Information of reliable origin from the Director of the Division of Dental Resources, Public Health Services, Washington, points out that —

“One hundred and sixteen million people — two-thirds the population of U.S. — have either hospital or medical insurance; the majority have both. Less than 1% of the population belongs to dental plans offering minimum coverage, such as examinations, X-rays and extractions. When restorations are added to the above, the percentage is less than 1/5 of 1%. Prepaid dental care in this country is at a point of development comparable to that reached by hospital insurance a quarter of a century ago.

Fear of long and disabling illness and its often catastrophic costs has understandably focused public concern on the need for better hospital and medical coverage. As a result, these coverages have shown remarkable growth, while others have been neglected. Now it appears people are awakening to the fact that dental health is an important part of the total picture. Consumer groups acting through unions, employers, and fraternal organizations are already showing intensified and active interest in securing similar coverage for dental costs.

The latent market for dental plans is probably greater than expressed demands now indicate. How much of the potential demand can be met — and how soon — depends on finding solutions to several problems unique to dentistry. The most serious is that of meeting the costs of initial treatment, because it is assumed that nearly all subscribers will have some need of such treatment if plans cover initial needs, premium charges may be too high for saleability. If patients are required to pay for extensive preinsurance treatment, they may become convinced that subsequent advantages of membership do not justify the immediate expense involved.

Since 1950, some notable firsts have occurred in dental prepayment. One is the establishment of the group practice clinic which employs its own dental staff to serve members. Another is the dental service corporation, formed by dental societies or individual dentists, under which contracting groups receive treatment in the private offices of participating dentists. Several insurance plans have been developed which cover accidental injury to natural teeth, and major medical prepayment plans have been extended to include major dental surgery.

As public demand for dental payment plans grows, commercial insurance carriers will take an increasingly important role. However, insurance companies may never reach the point where they will cover routine dental care.

HEALTH INSURANCE STUDIES

As public demands for coverage increase, the need for effective and efficient programs to meet those demands becomes essential. It is in this area that health and dental groups have a new and challenging opportunity for constructive action. Consumer groups interested in establishing prepaid dental programs will seek not only the services of the profession, but their guidance as well. For it is only through professional participation in program development that the quality of treatment can be assured. With this in mind, health and dental groups should begin now, while there is still time for considered planning to devise prepaid dental service programs which will guarantee the highest possible standards of dental care to a new and larger public.

“As has been pointed out by Dr. Joseph Strack, there are today more than 500,000 men, women and children in the United States covered by group dental care plans.

Individually these plans may be good, bad or indifferent. Collectively they may constitute a new pattern of dental care of great promise — or represent a dangerous threat to dental progress.

That is why every dentist has a professional responsibility to know something about the various plans now in operation. The dentist ought to decide for himself what the advantages and disadvantages of the plans are, what the position of his dental society should be on such programs, and what his own attitude will be if and when he is asked to participate in them.

Perhaps it is not all-important what the proponents or the opponents of the group care movement believe, or how well they register those beliefs. What is important, however, is what the individual dentist believes, and what action he is willing to take, if any, to carry out his convictions and to help fashion the future of his profession and the character of his practice.”

16. The acting chairman wishes to thank Dr. Harvey Reid who has acted as chairman of the Health Insurance Studies Committee since its inception for his loyal help and guidance and, though still recuperating, attended all sessions of the committee. To all the members of the committee, to the secretary of the C.D.A. and to all those who assisted in any way whatsoever, my sincere thanks.

Appendix A

Progress of National Health Plan

The chronological development of the National Health Plan in brief review is as follows:

1944 — During the 1930's considerable discussion occurred regarding the introduction of health insurance. However, as early as 1919 one major political party advocated introduction. The decision on the health insurance bill at Ottawa in 1944 was *to delay*, not drop the measure.

HEALTH INSURANCE STUDIES

It was decided to introduce other social security benefits previous to health insurance.

1948 — Introduction of Federal Health Grants — In introducing these grants the Prime Minister of the day stated that the grants were made in preparation for health insurance. Several grants were specified to provide facilities and for the training of personnel including a survey of health needs across Canada.

1953 — Additional Grants made for provision of diagnostic services — This constituted the first action touching upon treatment services and gave rise to considerable discussion which is still continuing.

1957 — Introduction of Hospital Health Insurance — The implementation of this measure is now taking place in most of the provinces.

Following the 1944 action health planning received strong impetus with decision that health insurance should be introduced part by part. Little alteration has occurred in the overall planning established at that time. Medical and dental services remain to complete the health insurance movement.

Appendix B

BILL #320 — HOUSE OF COMMONS 1957

An act to authorize Contributions by Canada in respect of Programs Administered by the Provinces, Providing Hospital Insurance and Laboratory and other Services in Aid of Diagnosis.

Questions have been raised by members in the provinces respecting the activity of the C.D.A. in respect to this Act. In our opinion the answer lies in Section 2 sub-section (g) of the Act which reads, “‘insured services’ means the in-patient services and out-patient services to which residents of a province are entitled under provincial law without charge except a general charge by way of premium or other amount not related to a specific service . . .”

This is interpreted to mean that the inclusion of dental service is a responsibility *on the provincial level*. One or two provinces only have been actively engaged on this point and *its importance should be emphasized*.

An interesting corollary on this point is an observation to be found on page 155 of the publication “Underwriting Canadian Health” in which it is stated that while certain services are advocated by the Minister of National Health and Welfare “while at the same time acting to oppose their probable existence and effectiveness by refusing to allow them as part of costs shareable with the provincial government”. As illustrated so often in investigating health insurance schemes administration and costs become the dominating factor rather than the health benefit concerned.

REFERENCES TO CURRENT PUBLICATIONS

(Copies distributed to members of committee)

A. Digest of Prepaid Dental Care Plans in U.S. — 1958

Published by U.S. Department of Health, Education and Welfare.

This publication lists

30 plans with regular prepaid dental benefits

66 plans with limited prepaid dental benefits

Of the plans with regular prepaid benefits the following facts are noted:

1. Method of Operation

(a) Union Sponsorship	
In dental centre owned by union	14
In private offices of dentists	4
(b) Company sponsorship	
In dental clinics	5
(c) Community plan	
In clinic	1
In private offices	2
(d) Dental Society Sponsorship	
In private offices	3
(e) Individual dentist	
In private offices	1
	— 30

2. Year of Initiation

1912 — one	1950 — one
1918 — one	1951 — one
1919 — one	1953 — two
1921 — one	1954 — four
1924 — one	1955 — six
1945 — one	1956 — three
1947 — one	1957 — one
1948 — one	yr. not given — four
	— 30

3. Number of enrollees

Members of plans	214,240
Dependants	102,200
	————— 316,440

Less than half of the plans include dependants.

4. **Services**

For the most part a comprehensive service, including prosthetic services, is provided under these plans. In some the provision of prosthetic services is subject to certain provisos.

5. **Fees**

Considerable variation is to be found in the four fee schedules listed.

General

Statement is made that several earlier plans have disappeared and opinion is expressed that other plans not listed probably exist.

B. **The Dental Service Corporation**

Published by U.S. Department of Health, Education and Welfare. (1958)

This publication presents splendid information respecting the establishment of dental service corporations. Owing to differences between conditions in United States and Canada, particularly in the legal aspects, some statements should be checked carefully.

C. **Underwriting Canadian Health** by William Lougheed Associates

Sponsored by The Canadian Chamber of Commerce and The Canadian Life Insurance Officers Association (1957)

An economic view of Canadian welfare programs is presented. These views are based upon statistics and statements already made by government authority. The relationship of future indicated welfare program development to the gross national product is pointed up. The point, so often disregarded in other countries, that to achieve welfare one must first have wealth is well-stated.

Of particular interest are the references to dental services. "Herein perhaps lies a better case for public care than in the medical field." Statements made in respect to planning for the introduction of dental services and costs involved are in line with information which has been available to the Association for some time. However, experience has shown that stating a definite year for introduction of any phase of the program can be risky owing to the political significance of the program.

D. **Financial Aspects of Health Insurance** by Malcolm G. Taylor

Sponsored by Canadian Tax Foundation.

This book is informative in that it presents analysis of existing programs in Canada and indicates future planned development in health planning with emphasis on the financial aspects. Tables and charts are reproduced from various governmental sources.

HEALTH INSURANCE STUDIES

For the year 1954 expenditure for dental services in Canada is estimated at \$78,021,000 or \$5.10 per capita being a percentage of .4 of income. This estimate is produced by the Department of National Health and Welfare and Dominion Bureau of Statistics and is broken down by provinces. Of the provinces British Columbia has the highest per capita expenditure for dental services.

The table of federal contribution for health insurance presented at the Dominion Provincial Conference 1945 appears in this volume in which the federal contribution is stated at \$3.60 per capita. These contributions to be on a three year basis and presumably the provinces would be responsible for any differences during the stated period after which revision would occur.

Several statements are made on projected figures with the assumption that health insurance were in operation. For example, it is stated that in 1956 medical practitioners would have received \$1,000 increased income with a health insurance program than they did without one. This estimate is arrived at by using the total estimated cost in relationship to the number of medical practitioners. If experience elsewhere has meant anything such estimates are risky indeed.

The planning for health insurance depends mostly on economics and administration and any profession facing the issue has great need of expert advice in these fields which is beyond the scope of training in dentistry.

Appendix D

PRINCIPLES FOR POST-PAYMENT PLANS FOR DENTAL SERVICES

1. The plan should be non-profit and solely in the interests of the dental health of the public.
2. The plan should include a continuing program of health education in order to effect maximum benefit.
3. For administration purposes and greatest health benefit it is desirable that the plan be operated on at least a province-wide basis.
4. The plan should be under the control of the dental organization concerned.
5. Complaints related to the administration should be dealt with by the plan's governing body.
6. Complaints relating to treatment services should be dealt with by the appropriate committee (e.g. Mediation Committee) of the provincial dental organization. Such facility is essential to the plan.
7. All members of the dental profession in good standing should be eligible to participate in the plan.

8. Dentists should receive adequate instruction relating to the operation of the plan before becoming participants.
9. The promotion of the plan should be in keeping with the highest ethical standards of the profession.
10. The plan should be developed and maintained through adequate legal advice.
11. As the success of the plan depends greatly upon the number of dentists effort should be made to secure the maximum number of participants.
12. The transaction relating to financial arrangement should take place between the dentist and patient in the dentist's office.

Appendix E

SASKATCHEWAN DENTAL SERVICES PLAN

This plan was fully approved at the last annual meeting as meeting the requirements set forth in the adopted principles of the Canadian Dental Association (See '54 Transactions p. 115).

Several provinces have become greatly interested in the Saskatchewan plan. On April 26th last the Alberta Dental Association made decision to institute the plan. The Ontario Board has made a detailed study of the operation of the plan and indicates that this plan is about to be adopted. According to available information other provinces are seriously considering its adoption.

While this plan differs somewhat from the conception of many it may easily prove to be the solution to a large part of the dental problem. The profession owes a real debt of gratitude to Mr. W. E. Jackson of Saskatoon for his altruistic endeavour in developing the plan in an effort to meet the dental problem.

The feasibility of the plan has now been proved. Some of the advantages may be listed as follows:

1. The complete operation is under the control of the profession without outside attachment financial or otherwise.
2. Tremendous public relations value has been shown.
3. Financial loss on accounts has been minimal.
4. By use the dentist benefits economically.
5. Patients have evidenced appreciation in obtaining service they would not have secured otherwise.

The interest shown in this plan at present would indicate the possibility of its becoming accepted by several of the provinces.

1958 SURVEY OF DENTAL PRACTICE

General

1. Comparative analysis is of high value. Consequently it appears desirable to follow the survey questionnaire used for the year 1953 as closely as possible.
2. The procedure adopted for 1953 was an acceptable one and it is proposed to repeat in a similar manner.
3. The basis of selecting information items is the practical use of the information in the work of the Association.
4. The survey will be conducted in a manner so that no individual's return can become known. Special return envelopes will be utilized and delivered unopened for the compilation of return.

Procedure

1. Announcement respecting the survey has been made twice earlier this year. Survey experts frown on advance information in order that each individual receive the questionnaire form on the same basis.
2. Questionnaire forms to be mailed out on or about February 15th, 1959.
3. Letter to be sent on same date to secretaries of dental associations and societies requesting emphasis on return at meetings.
4. Follow up letter to membership on or about March 15th.
5. Closing date for receiving returns April 30th, 1959.
6. Compilation to be done by I.B.M.
7. Results to be published serially in Journal.

Content

1. Addition to the questionnaire should be considered very carefully as the 1953 form was considered to be of maximum length for accuracy in result.
2. Suggested alterations in 1953 questionnaire form.
 - (a) Items 1 to 9 no alteration.
 - (b) Number item 11 as item 10.
 - (c) Number item 10 as item 11.
 - (d) Items 12 to 14 no alteration.
 - (e) Change item 15 to read — "Was general anaesthesia used in your office during the year 1958?"
 - (f) Items 17 to 22 no alteration.
 - (g) Delete word "commercial" before "laboratory expenses" in item 23.
 - (h) Item 24 no alteration.
 - (i) Part II no alteration.

Compilation

1. As can be observed in the published results of the 1953 survey information from two or more items of the questionnaire form is related in several of the tables. This is done by the I.B.M. Machines on our instruction. It is intended to seek expert advice on this point.
2. In this respect request for two additional facts has been requested.
 - (a) Mean net income of and mean gross income of independent dentists by average number of hours worked per year.
 - (b) Mean number of hours worked per year by independent dentists classified by age groups.
3. In the 1953 survey decision was made to produce the "mean" but not the "Median" income, etc. This point should be considered for the forthcoming survey.
4. Consideration will be given to publishing results in the form of graphs where practical.

Appendix G

DENTAL SERVICE CORPORATION

As the result of considerable study by a sub-committee of the Health Insurance Studies Committee the establishment of dental service corporations on a provincial basis was recommended to the Board in 1950. The plan was adopted at the annual meeting and appears in considerable detail on pages 107-119 of the 1950 Transactions.

At the 1951 annual meeting a strong resolution for implementation of dental service corporations was adopted.

A modification of the 1950 plan was presented at the 1952 annual meeting (See pages 59-68 of 1952 Transactions).

The policy of the establishment of a dental service corporation has been adhered to with action being urged at each annual meeting. In the meantime several dental service corporations have been established in the United States.

At the last annual meeting a policy statement (See 1957 Transactions p. 109) was adopted. In a general manner this statement points out the need the necessity for establishing costs, the desirability of administration on the provincial level, operation on a non-profit basis and necessary procedure in establishing such a corporation with recommendation that detailed arrangements be formulated by provincial bodies.

Several provinces have indicated interest in establishing a dental service corporation on the recommended basis and one is in the process of doing so at the present time. During discussions the conclusion has been made that any type of treatment plan within a province should be administered through the one corporation.

THE DENTAL SERVICE CORPORATION

For several years the Canadian Dental Association has advocated the establishment of dental service corporations at the provincial level. A policy statement on this subject appears on page 109 of the 1957 C.D.A. Transactions.

Apparent Need

Planning for health services is one of the prominent features of the age. During recent years various plans have been brought into operation for other health services but little has occurred in this respect for dental services (in Canada). If the dental profession is to retain control of its own services in future the general opinion is that experience is essential *in administration* on a group basis. A demand for such arrangement exists and unless the profession meets the situation there is no logical reason why some authority outside the profession could not function.

Certain questions arise respecting the establishment and operation of a board for such purpose:

Should dental services board be separate organization?

Yes, dental organizations represent dentists. The dental services board represents dentists and consumers of dental services.

How should members of the board be appointed?

By the dental organization under whom the board is established.

How many members?

It is suggested that the board consist of either five or six members. The profession and the consumers of the service should be more or less equally represented. Initially dentists may necessarily be appointed but the ultimate objective should be kept in mind.

Why on a provincial level?

Administration costs are high and the main method of reaching objective in keeping control of services is by keeping administration costs low. Costs rise sharply with small groups. Other health administration is on a provincial basis and in order to 'fit in' ultimately a strong provincial services board is essential.

Why incorporate?

The operation of the board is business and should be conducted in a business-like way. The legal conditions in this respect may vary somewhat from province to province but such action simply means applying for incorporation under the Companies Act (or similar legislation). It does not mean applying to the legislature for special legislation. It means establishing a limited liability

company for a specific purpose like any other organization handling money. Such organization provides a proper means for the administration of this undertaking.

Profit?

The corporation is set up on a non-profit basis. Reasonable administration costs are allowable under such designation.

Type of plans?

The object should be to have all plans related to payment for dental services administered by this one board on a non-profit basis. This same agency should administer all group plans for dental services within a province and may include agreements with government authority, unions, industrial organizations or any other representative body. Such arrangement means economy, gives experience and establishes one recognized authority which is important. For some time there will undoubtedly be many situations to meet which will be both pre-payment and post-payment in nature. Some experimentation will be necessary.

Cost?

In establishing such a corporation there will be costs and these costs will fall upon the dental profession. In addition, in the initiation of any plan certain risks are involved such as available monies to meet the accounts for services rendered. If plans are to be developed under the control of the profession then it is necessary to underwrite the costs. Dentists are not first to undertake the risks in establishing competence to administer plans.

Education of dentists?

An important feature of any plan is the education of dentists as to the details of operation and this should be done before any plan is initiated.

Discipline?

Matters which relate to the administration should be dealt with by the dental services board. Points having to do with the quality of services or actual disciplinary matters should remain strictly under professional control.

Relationship of board to sponsoring dental organization?

The relationship should be on a sound business-like basis. Initially it is probable that the board will require a loan from the sponsoring dental organization and this should be negotiated in the regular business manner. On no account should the finances of the board and dental organization be permitted to mix. The board should operate as a subsidiary but separate entity.

General

The development of health services in Canada plainly indicates the trend in the direction of group plans for health services. The main objective of these plans is to furnish more health services to more people and it is apparent that

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this objective is to be pursued with vigour. The dental profession has an obligation to seek out ways and means of furthering this objective. This proposal may not be the final answer but it is based upon the experience of others and places the project on a sound basis. The achievement of control of dental services by the dental profession is a worthy objective.

Competent advice, particularly in the legal and administrative areas, should be obtained in initiating this proposal.

July, 1958.

COMMENT and ACTION

1. 2. 3. & 4. Information.
5. Noted and recommendation approved.
6. Information.
7. & 8. Agreed with amendment in Appendix D.
9. & 10. Information.
11. Agreed.
12. Agreed and resolution approved.
13. 14. & 15. A committee was appointed to write a resolution. The committee appointed was composed of Drs. Anderson, Brown, McCabe, and Dunn. The resolution is as follows:

WHEREAS the principle of provincial incorporation of organizations to administer plans for dental health care services has been approved, and

WHEREAS it is desirable to facilitate provincial participation in plans which have been or may be developed by and approved by the respective provincial dental legal bodies, and

WHEREAS it is believed that the maximum in economy of administration should be achieved, and

WHEREAS the federal incorporation of a dental services board or commission does not in any way infringe on the rights of any province to incorporate a dental services organization on a provincial basis, therefore be it

RESOLVED that the Canadian Dental Association concur in the efforts of the Royal College of Dental Surgeons of Ontario in their desire to attempt to obtain a federal charter to permit the development of an organization which may function interprovincially to administer dental health care services.

ADOPTED

16. Agreed. We noted with regret the absence of Dr. Harvey Reid, a man who has contributed so unselfishly to the work of the Association in general, and in particular to the development of Health Insurance Studies.

We recommend the adoption of the Report of the Health Insurance Studies Committee.

APPROVED

MEMBERS: D. M. Tanner, Chairman, Toronto, Ont.; F. A. Smith, Vancouver, B.C.; G. A. Buchanan, Winnipeg, Man.; J. Methven, Toronto, Ont.; G. de Montigny, Montreal, P.Q.; J. Sherman, Toronto, Ont.; A. A. Antoni, Toronto, Ont.; N. Hori, Toronto, Ont.

REPORT

1. Civil Defence

Most of the provinces have submitted the list of key dental personnel available in time of local or national emergency. It is the wish of this Committee that local societies maintain these lists for reference purposes.

2. "Hospital Dental Services and Dental Internships" has been published by the C.D.A. and is available to interested members.

3. The Committee recommends that when a hospital applies to the Council on Dental Education for approval of a dental internship in one of the specialties, that it be required that the internship be under the direction of one recognized as a specialist in that field.

4. The following hospital dental services are now approved services.

- The Montreal General Hospital
- The Hamilton General Hospital
- The Vancouver General Hospital
- L'hôpital du Sacre Coeur — Montreal
- The Hospital for Sick Children — Toronto
- The Toronto General Hospital
- St. Michaels Hospital, Toronto
- The Montreal Childrens Hospital.

5. The Committee has worked closely with the Council on Dental Education in the educational aspects of hospital dental services.

6. The Committee recommends, in order to assure the Committee that high professional standards are being maintained and adequate services being provided in the dental services approved by the C.D.A., the chairman of this Committee inspect such hospital dental services in the city in which the C.D.A. Board of Governors holds its annual meeting and report in writing to the Committee.

7. The role of dentistry in the National Hospital Insurance Plan is so confused that an expression of policy from this Committee is almost impossible. One thing is certain and that is that the problem of dental admissions to hospital is going to be seriously aggravated.

8. The Province of Manitoba has taken a forward step by including in their Bill the provision for dental cases under special circumstances. Admission of the patient to hospital will be made on the order of a qualified dentist.

HOSPITAL DENTAL SERVICES

9. This Committee recommends that the Board of Governors, through the Corporate Members, advise the provincial governments to include such a clause in their provincial acts.

COMMENT and ACTION

- 1 & 2. Noted.
3. Heartily approved.
- 4 & 5. Noted.
6. Approved.
7. Noted with concern.
8. We commend this progressive step.
9. Agreed.

We present the following resolution for your approval:

WHEREAS dentistry is an integral part of the health service and

WHEREAS some dental operations are of such a nature that they can best be performed in hospital and

WHEREAS existing legislation in some provinces, as regards the National Hospital Insurance Plan makes no reference to dentistry nor provision for dental service, and

WHEREAS the need for legislation to this effect is urgent

BE IT RESOLVED that the Board of Governors of the Canadian Dental Association urge the Corporate Members to recommend to provincial legislatures that permissive legislation be enacted to make it possible for a qualified dentist to admit and attend dental patients in a hospital under the National Hospital Insurance Plan.

ADOPTED

We recommend the adoption of the Report of the Hospital Dental Services Committee.

APPROVED

MEMBERS: G. W. Barrett, Chairman, Ottawa, Ont.; R. L. Currie, Ottawa, Ont.; A. W. Grace, Ottawa, Ont.

REPORT

1. The Legislation Committee of the Canadian Dental Association begs to report the following legislative changes pertaining to dentistry and wishes to thank the registrars of the provinces for their fine support.

2. There was no new legislation pertaining to dentistry in the last Federal Session.

3. Newfoundland

Since the last Meeting of the Canadian Dental Association, there has been no change made in the Newfoundland Dental Act. However, certain Regulations are now before the Minister of Health, which it is hoped will be incorporated in the present Dental Act.

4. Prince Edward Island

No change has been made in the Dental Act since 1953 and none is anticipated this year.

5. Nova Scotia

No change in the Dental Act was made at the last session of the Legislature; so our Act remains the same as at the last meeting of the Canadian Dental Association.

6. New Brunswick

There has been no change since the last Annual Meeting in June 1957 and there are no changes being contemplated.

7. Quebec

No change has been made in Act since meeting of Canadian Dental Association in June 1957. However, the College has amended the By-Laws, as follows:

- (i) Raising per capita subscription to Canadian Dental Association to \$25.00 starting July 1958.
- (ii) Reduced matriculation and registration fees to \$25.00.

8. Ontario

(a) There has been no Amendment to the Dentistry Act itself during this past year.

(b) The Royal College of Dental Surgeons of Ontario passed By-Law No. 89, authority being granted in the Dentistry Act of Ontario, as follows:

- (i) Subsection (f) of Section 1 of By-Law No. 10 be deleted and the following substituted in place thereof:

LEGISLATION

- (f) If graduates in dentistry of an approved school — the Board will require the applicants to pass examinations as specified by the Board of Directors from time to time.
- (ii) That subsection (g) of Section 1 of By-Law No. 10 be deleted and the following substituted in place thereof:
 - (g) If the applicant is a graduate of a dental school of a British Commonwealth University, holding the Bachelor of Dental Surgery degree to have passed such examinations as the Board may direct.
- (iii) That subsection 1 (E) (2) of By-Law No. 13 be amended by the addition of the words "in the yellow pages". The subsection now to read as follows:
 - (2) "No black face listings shall be used in the yellow pages".

9. Manitoba

- (a) The Manitoba Dental Association By-Laws amended and revised as of November 1957:
 - (i) By-Laws Nos. 1 to 23 inclusive of the By-Laws of the Association are hereby repealed.
 - (ii) That By-Law "A" of the Association is enacted, which is outlined in detail and can be referred to in the Manitoba Dental Association By-Laws, November 1957.
- (b) The Manitoba Dental Association Act is amended by Bill No. 46, March 1958, immediately after Section 15 thereof, the following Section:
 - 15a. The Board of Directors if so authorized
 - (a) may make grants of financial assistance to school of dentistry in Manitoba.
 - (b) may assist in scholarships and fellowships to any student attending school of dentistry in Manitoba.
 - (c) may establish a student loan fund to assist students attending school of dentistry in Manitoba.
 - (d) may assist any research in dentistry in Manitoba or at any other school, university, hospital or institute by way of grant, gift, prize, scholarship or other financial assistance.
 - (e) by establishing or assisting in a research department attached to or forming part of a school of dentistry in Manitoba.
 - (f) by doing other acts or things which would further dental education and research.
- (c) This Act comes into force on the day it receives the royal assent. For further details refer to Bill No. 46.

10. Saskatchewan

No change has been made in Dental Act since last meeting of Canadian Dental Association. However, an effort is being made at the next session of Legislature, designed to be more effective in controlling illegal practice.

11. Alberta

No change in Dental Act since last meeting of Canadian Dental Association. However, the Board is considering the advisability of asking for some amendments to our Dental Act during the next session of the Legislature.

12. British Columbia

There is no change in Dental Act since last meeting of Canadian Dental Association. However, changes are forthcoming as legal advisers and appropriate council members are attempting to finalize our draft Dental Act.

COMMENT and ACTION

1 & 2. Noted.

3. Informative.

4, 5 & 6. Noted.

7. (i) We commend most highly the College of Dental Surgeons of the Province of Quebec for the increased financial support and express our great appreciation of it.

(ii) Informative.

8. (a) Noted.

(b) Informative.

9. (a) We commend the Manitoba Dental Association for this constructive action.

(b) We commend the acquisition of additional powers by the Board of Directors of the Manitoba Dental Association to act financially for the good of dental education and research.

10, 11 & 12. Noted.

The following resolutions arose out of a general discussion of the report of the Legislation Committee of the C.D.A.

Number 1

WHEREAS legislation pertinent to health services is becoming more and more co-related, and

WHEREAS there are several legislative areas having pertinence to dentistry which should be studied, therefore be it

RESOLVED that in future the Committee on Legislation attempt to report on all areas of legislative concern of interest to the dental profession.

ADOPTED

Number 2

WHEREAS this Board reaffirms its resolution adopted at its last annual

LEGISLATION

meeting respecting the need to review the Terms of Reference of the Committee on Legislation, and

WHEREAS the problem of legislation has become so highly involved and complex that it is quite impractical for a voluntary committee whose members are not trained in the Law to render the concerned and informed attention which the subject requires, and

WHEREAS it is essential that attention be given to these matters before a critical need arises, therefore be it

RESOLVED that consideration be given by the Executive Committee to the employment of a person whose professional training would permit him to give positive guidance in this area of concern.

ADOPTED

We recommend the adoption of the Report of the Committee on Legislation.

APPROVED

*MEMBERS: T. H. Graham, Chairman, Toronto, Ont.; A. G. Racey, Montreal, P.Q.;
Don W. Gullett, Toronto, Ont.*

REPORT

1. The Library continues to grow in stature both in its use as a source of information and in size. Expansion of physical accommodation will become necessary in future.
2. In addition to bound volumes, other subject matter received is indexed for reference purposes. Such subject matter is received in abundance and becomes valuable not only for headquarters purposes but to borrowers seeking specific information.
3. The Library has now reached a position where it has been possible to assist in the establishment of the new library at the Faculty of Dentistry, University of Manitoba.
4. As will be observed in the financial statement, sufficient donations to the library trust fund were received to purchase all new additions during the year. It is most gratifying to receive such voluntary contributions in support. All Library purchases up to the present have been from these donations.
5. During the past year, 57-98 books per month have been loaned to dentists in every province. This would indicate an active Library every working day.
6. The opinion is expressed that the Library fills an important need of the profession.

COMMENT and ACTION

1. Noted.
2. Approved.
3. Approved.
4. Contributions should be encouraged.
5. Noted with interest.
6. Agreed.

We recommend the adoption of the Report of the Library Committee.

APPROVED

MEMBERS: H. A. Hunter, Chairman, Thornhill, Ont.; W. J. Dunn, Toronto, Ont.; G. H. W. Lucas, Toronto, Ont.; F. E. L. Priestley, Toronto, Ont.; R. J. Getty, Toronto, Ont.; G. de Montigny, Montreal, P.Q.

REPORT

1. Periodontosis

A letter was received from the Registrar-Secretary of the National Dental Examining Board of Canada respecting the use of the term "Periodontosis". The Committee agreed that the suffix 'osis', having only general significance, is insufficient to describe the precise actions or conditions for which the main part of the word must be operative. 'Osis' forms a noun usually from an adjective or verb to give the name of a condition or an action. Examples are as follows:

- (a) Tuberculosis — a condition characterized by tubercles
- (b) Sclerosis — a condition characterized by hardness
- (c) Thrombosis — a condition characterized by a thrombus
- (d) Osmosis — a condition of pressure

Literally the word 'periodontosis' means 'a condition of periodontium'. The term therefore is unsuitable as it is virtually meaningless.

2. Radiodontics — Dental Radiology

A letter was received from Dr. H. M. Worth indicating his displeasure with the term 'Radiodontics'. Dr. Worth contended that 'Radiodontics' circumscribed the scope of the subject. He suggested the term 'Dental Radiology'. The Committee was unable to differentiate between the circumscription of both terms but did partially agree that 'Radiodontics' was, perhaps, not as euphoniously acceptable. The Committee saw no need to withdraw its approval of the term 'Radiodontics'.

3. Mandibular Joint

The Committee reviewed the naming of various joints within the body. There is no apparent reason why the term 'temporo-mandibular joint' should be retained in that form. Mandibular joint is acceptable and has the added value of brevity.

4. Auxiliary — Ancillary

The Committee reviewed the meanings of these terms in order to assist the Association in the employment of these adjectives when referring to certain groups associated with the profession. The terms of reference of the Committee do not require the Committee to decide which term is more acceptable when employed as a modifier for some noun which indicates an associated service.

- (a) Ancillary — This term implies subservience and means helpful in some subordinate capacity. A possible example would be a dental nurse in an office.
- (b) Auxiliary — This term means helpful in any capacity with no implication of subordination. A possible example is an anaesthetist co-operating with a dentist.

5. D.D.S. — D.M.D.

The Committee has stipulated, as a basic principle of nomenclature, that uniformity is desirable. It does not believe that dissimilar designations should be employed in reference to identical conditions or situations. The Committee views with some concern the development of a second degree in Canada to be conferred upon graduates from Faculties of Dentistry.

6. Dental Work

The Committee agreed that the term 'dental work' was inimical to the professional character of dentistry. The following alternatives were suggested: dental treatment, dental service, dental care.

7. Reference to Nomenclature Committee

(a) The Committee, one year ago, suggested to the Board of Governors that there was insufficient reason to maintain a constituted committee for the subject of nomenclature. The Board did not agree. The Committee is therefore now happy in the knowledge of its indispensability and senses a renewed vitality and confidence from this parental blessing.

(b) Under the circumstances the Committee feels that when other committees of the Association are developing terms pertinent to their purposes or functions, these terms be referred to the Nomenclature Committee for comment.

8. Professor Getty Leaving Toronto

The Chairman expressed the good wishes of the Committee to Professor R. J. Getty, who has left the University of Toronto, to become Professor of Classics in the University of North Carolina at Chapel Hill. Prof. Getty has, for many years, made excellent contributions to the work of the Nomenclature Committee and his participation will be missed.

COMMENT and ACTION

1. We present the following resolution:

WHEREAS there does not appear to be unanimity of opinion on what constitutes "Periodontosis", and

WHEREAS the terms of reference of the Nomenclature Committee do not require it to establish definitions, and

WHEREAS the word "Periodontosis" really means a condition of periodontium, and

NOMENCLATURE

WHEREAS until a dental professional group provides a suitable definition,
for the condition, therefore be it
RESOLVED that the use of the word "Periodontosis" be discouraged.

ADOPTED

2. Agreed.

3. We concur.

4. We present the following resolution:

WHEREAS ancillary means subservient, and

WHEREAS auxiliary means helpful in any capacity, and

WHEREAS we feel that the use of both terms is unnecessary, therefore be it
RESOLVED that the term "auxiliary" be used in referring to all types of
assisting personnel.

ADOPTED

5. Agreed.

6. Agreed that the use of the term "dental work" be discouraged and that
use be made of the three suggested alternatives.

7. (a) We are pleased to note that the Nomenclature Committee realizes
the important position it occupies.

(b) We concur.

8. Noted with regret.

We recommend the adoption of the Report of the Nomenclature Com-
mittee.

APPROVED

OFFICERS: *G. de Montigny, President, Montreal, P.Q.; D. M. Tanner, President-elect, Toronto, Ont.; J. J. McCarthy, Secretary, Montreal, P.Q.*

REPORT

1. The Executive Committee of the Canadian Society of Oral Surgeons had five meetings during the past year, at which time various problems have been discussed.

2. Relationship to the American Society of Oral Surgeons

It had been suggested that closer relationship be established with the similar body as ours across the border, in order that our members could attend the meetings of the American Society of Oral Surgeons, as guests of this latter Society and that our Society could reciprocate on a similar basis. Some correspondence was exchanged with the American officials and the following is an excerpt from a letter received from Dr. F. B. Hower, Secretary-Treasurer of the American Society:

“Your letter of January 22nd, 1958 was read to the members of the Council at our meeting Saturday and Sunday in Chicago. It was consensus of opinion that it might not be wise to give a blanket invitation to the members of this new Society, however, if any of the members wish to attend our meeting, they could signify their intention to me or the President and we would extend an invitation to the individual”.

Our members can now attend the meetings of the A.S.O.S.

3. Articles in the Journal

(a) The Committee was of the opinion that case histories submitted by prospective members should be published in the Journal of the Canadian Dental Association at the discretion of the Editor. These case histories constitute a valuable source of information for the members of the C.D.A. and they represent a considerable amount of work by the members of the Society. Therefore, it was felt that these case histories should not be left in files but should benefit the whole profession.

(b) Some arrangements have been worked out with both editors of the Journal and the publication of suitable case histories is to start soon.

4. During the year, two scientific meetings were held in Montreal where members mostly of Montreal and some from the eastern part of Canada attended.

5. Annual Meeting

(a) The annual meeting of the Oral Surgery Section is to be held at this hotel on Sunday October 26th. It will be our privilege to have, as guest lecturers, Dr. H. Archer, of Pittsburg and Dr. Pierre Cernea of Paris, France. Some members of the Society are also to take part on the scientific program.

ORAL SURGERY

Our meeting will thus have for the first time an international flavour. Members of the Canadian Dental Association who are not members of the Society and who wish to attend these sessions are invited to do so provided they pay the reasonable fee as settled by the Committee.

(b) During the same day, the Society will hold its business meetings and various problems are to be discussed by the membership. Amongst these problems I note:

6. Contribution of the Section to the National Convention

This year again, the Section was able to finance partially the appearance of a guest lecturer on Oral Surgery on the general program of the Convention. The lecturer is to be Dr. H. Archer. When I say partially, I mean that the Section did not have a financial set-up sufficient to absorb all the expenses connected with this presentation. But fortunately, this year, the President of the Section and the President of the Program Committee of the Convention being the same person, arrangements were rather easy to fix up. But the occasion may not be the same for years to come and some ways and means will have to be found in order that the whole burden of this presentation does not fall upon the Section of Oral Surgery. The membership of the Section is small and its finances do not permit these expenses.

7. Amendments to the by-laws

Some amendments to the by-laws are contemplated by the membership, by which the secretary shall be elected for a longer period of time. Experience has shown that the Section, in order to attain its objectives, needs a person thoroughly familiar with the problems of the specialty. The election of the Secretary for a one-year term does not permit the individual to become fully acquainted with all matters and forbids a continuity that is essential to the work of the Section.

8. Amongst the principal problems facing the Section is the question of the status of Oral Surgery in Canada. This problem is in close relationship with the hospital dental services, the dental education, the public relations, the legislation and the private insurances companies.

COMMENT and ACTION

1. Noted.
2. Noted. The effort of the Canadian Society of Oral Surgeons to foster its relationship with the American Society is to be commended.
3. Noted with interest.
4. Informative.
5. & 6. These are matters of principle and policy and should be considered along with the report and resolution on the Orthodontic Section.

7. Noted.
8. Noted. It is agreed that the question of the status of Oral Surgery is an extremely important one and it is felt that the Canadian Society of Oral Surgeons should consider the matter at length and formulate a recommendation.

We recommend the adoption of the Report of the Oral Surgery Section.

APPROVED

OFFICERS: *G. Franklin, Chairman, Montreal, P.Q.; I. W. Hamilton, Vice-Chairman, Ottawa, Ont.; W. Swiston, Secretary-Treasurer, Montreal, P.Q.*

REPORT

1. The last annual meeting of the Orthodontic Section of the Canadian Dental Association was held in Winnipeg, Man., on June 23 and 24 in conjunction with the annual meeting of the C.D.A. Seventeen members attended.
2. Three applicants for Active membership and two for Associate membership were accepted at the meeting. The Section now consists of 62 Active Members and 6 Associate Members. Several applications have been received and will be voted upon at the next meeting.
3. A very comprehensive report of the Public Health Committee of the Orthodontic Section was submitted by the Chairman, Dr. Ira W. Hamilton. This report, made possible by the co-operation of appointed provincial members, indicated a wide difference in orthodontic public health activity in the provinces. Ontario appears to be ahead of all the provinces in public health orthodontic activity. In some provinces there is no public orthodontic service which may be related to some extent to the lack of orthodontists in the area concerned and also to lack of interest by the governments. The Committee has been in close touch with the C.D.A. Dental Public Health Committee and a further report will be submitted by our chairman at the coming meeting.
4. Because orthodontic services may become an integral part of a national dental health scheme it is recommended that a member of this Section should be appointed to the C.D.A. Health Insurance Studies Committee and also that a member of this Section should be appointed to the C.D.A. Dental Public Health Committee. A resolution to this effect was passed at the last meeting and is now recommended to the Board of Governors for their favourable consideration.
5. A committee is developing a certificate to be presented to the Grieve Memorial lecturers.
6. Consideration is being given to the addition of two new classes of membership. These are Retired Members and Honorary Members.
7. A request has been received from The Canadian Society of Dentistry for Children to have the next Grieve Memorial Lecture delivered at their forthcoming convention in Toronto in May 1959. The Orthodontic Section is very pleased to note this interest in orthodontics by the kindred section of Dentistry for Children. As this request involves policy for the Grieve Memorial Lecture and is a matter for the incoming Executive Committee, it will be considered at the next meeting.

8. The Grieve Memorial Lecture, sponsored by our Section, will be delivered at the 1958 convention of the Canadian Dental Association in Montreal by Dr. Wilton Marion Krogman of Philadelphia, Penn. Dr. Krogman is Director of the Philadelphia Center for Research in Child Growth and Professor of Physical Anthropology in the University of Pennsylvania. He is particularly interested in growth and its relation to normal and abnormal occlusion and has lectured to many orthodontic meetings. He was selected because the Committee felt that the Grieve Memorial Lecture should be broadened in scope of subject presented.
9. Several table clinics will be presented by members of the Orthodontic Section at the 1958 C.D.A. convention in Montreal.
10. The Orthodontic Section is of the opinion that in order to be an integral part of the Canadian Dental Association and maintain close contact with its proceedings, the Chairman of the Section and perhaps even the Secretary should attend the meetings of the Board of Governors of the C.D.A. This might involve considerable extra expense for these officers. It is recommended that the Board of Governors consider the possibility of affording the same status to the Chairman of this Section as is given to the chairmen of committees in regard to reimbursement for expenses in attending meetings of the Board of Governors.
11. The Orthodontic Section is handicapped in its activities by its relatively small membership and the large area over which this is distributed. Furthermore, almost all if not all its Active members are members of the component societies of the American Association of Orthodontists. The component societies hold their meetings at times which frequently are close to the dates of the C.D.A. meetings and in cities which require little travelling for a large number of our members. This affects attendance and the possibility of extensive scientific sessions at the meetings of the Orthodontic Section. For example, the fall meeting this year of The Northeastern Society of Orthodontists will be held in Montreal on the Monday and Tuesday following the C.D.A. meeting.
12. The next annual meeting of the Orthodontic Section will be held on Sunday October 26th at the Queen Elizabeth Hotel in Montreal. Dr. W. M. Krogman will address the meeting.

COMMENT and ACTION

1. Noted.
2. We are pleased to note the growth.
3. Noted.
4. We do not concur with the recommendation but suggest a close liaison be maintained between these two committees and the Orthodontic Section.

ORTHODONTICS

5. Informative.
6. Noted.
7. Noted with interest.
8. Congratulations on the excellent choice of speaker.
9. Noted with appreciation.
10. We approve this recommendation.
11. Noted with interest.
12. Noted.

Resolution:

WHEREAS the recommendations contained in paragraphs 4 and 10 in the Report of the Orthodontic Section involve policy in relationship to the C.D.A., and

WHEREAS these matters may be raised by other sections, be it

RESOLVED that the Canadian Dental Association in collaboration with the various sections, review the status, policies and relationship of the sections to the C.D.A.

ADOPTED

We recommend the report of the Orthodontic Section be approved.

APPROVED

MEMBERS: *Frank Martin, Chairman, Toronto, Ont.; A. Fortier, Montreal, P.Q.; M. G. Boyes, Toronto, Ont.; A. R. Poag, Hamilton, Ont.; J. D. Purves, Toronto, Ont.; J. E. Tilson, Toronto, Ont.*

REPORT

1. About two years ago on the advice of our Business Manager a change was made in our publisher. The contract with the Saturday Night Press was terminated and a new contract was entered into with Mr. Gordon Allen. That was a very fortunate move in more ways than one. Last spring the Saturday Night Press ceased to function so, due to our previous action, no interruption occurred in the publishing of the Journal.

2. (a) For the past two years your Committee has been charged with the selection of a new Editor. Dr. Wesley Dunn, during his term as Editor, has done a very excellent piece of work. The Royal College of Dental Surgeons of Ontario, requiring Dr. Dunn for a full time Secretary, was very anxious that a replacement be made as soon as possible.

(b) Your Committee spent considerable time and thought on this problem, little of which appears in our minutes. Each name considered and approached was treated very confidentially. Further, your Committee did not wish to be stampeded, although pressure was applied, until the right man was selected. Your Committee believes that the right man in the person of Dr. E. R. W. Bilkey has been appointed. Dr. Ed. Bilkey will assume the office of Editor as of November first of this year.

(c) Your Committee would like to pay tribute to the patience of Dr. Dunn and to thank him for the outstanding success he has made of his period as Editor. Many honours have been paid him both at home and abroad. Last year he was elected President of the American Association of Dental Editors and will be presiding at their meeting in Dallas, Texas in November. We are pleased to further recognize his services at this meeting.

3. For years Dr. Gerard de Montigny has done very fine and outstanding work as Editor of the French Section. Again this year we say, "Many thanks for a job well done". Your Committee in collaboration with the Business Manager and the Executive Committee has been able to thank Dr. de Montigny in a more substantial manner to show our appreciation for his untiring efforts.

4. (a) Dealing with the business part of the Journal administration, it will be observed that the budget for 1957 predicted a surplus of \$530.00. The auditor's statement for the year ending December 31st, 1957 shows an actual surplus of \$3,962.09. This creditable situation has developed through the action taken in 1956 whereby Mr. Gordon V. Allen was engaged as publishing agent for the Journal.

PUBLICATIONS

(b) The 1959 budget presented herewith as Appendix D shows an increase in salaries under expenditures (from \$3,600 to \$8,700) amounting to \$5,100. Under revenue, request is made for a grant from the Association of \$15,000 which is \$500 more than for the current year. Executive approval has been given to both these items. Observation will be made that these alterations result in a deficit amounting to \$1,920.

(c) Including the surplus for 1957, the Committee held a surplus at the end of the year 1957 of \$10,989.99 as shown in the auditors statement. It is proposed to meet the indicated deficit for the year 1959 by reducing the surplus held by the Committee. However it should be pointed out that this is a temporary expedient and, unless increased advertising revenues can be found, will mean increased Association grants for future years.

(d) The business recession of the current year has affected advertising revenue. Doubt is expressed that revenue from this source for 1958 will equal that obtained for 1957. Sources of advertising revenue are limited and when budgets of firms are cut, as occurred for 1958, the Journal is directly affected. The variation in this revenue item makes for difficulty in forecasting. Legitimate sources of advertising revenue and advertising rates are under constant review. Through this effort revenue from this source was increased from \$40,765.95 in 1955 to \$45,461.00 in 1957. Your Committee wishes to thank Mr. Gordon Allen and our Business Manager for this excellent showing.

Appendix A

REPORT OF THE EDITOR — WESLEY J. DUNN

1. A voluntary organization must communicate to live. It would be of doubtful value for an executive group within an association to develop policies, programs or projects, if no vehicle existed to convey these matters to the membership. When an association periodical also becomes the custodian of original scientific papers relating to the profession it represents, the publication takes on even added significance. The Journal, therefore, provides the best means of professional communication both for the dissemination of scientific literature and the provision of information pertinent to all other phases of professional consideration.
2. In the various meetings held by dental societies an opportunity is presented for limited communication to the membership. The Journal, however, provides a potential audience of the entire group, and in fact, because of its world wide circulation, is available for any interested organization or individual irrespective of location. The professional stature of any body must, in the main, be judged by others on the basis of its written communication. Professional status is not enhanced in any country wherein the members do not provide continual contributions to the fund of knowledge relating to the profession.
3. In this, your present editor's final report, he may, perhaps, be forgiven if

he tends to transgress the usual boundaries within which he has heretofore circumscribed his annual remarks. Traditionally a valedictory permits the one who delivers it a certain licence which, perhaps, he did not formerly possess. To carry the analogy further, the valedictorian is usually recognized as one whose great interest and intense concern justify his acceptance in the role and if his comments are not heard with overwhelming approbation, at least they are received with bemused tolerance. My remarks, it is hoped, may, at least, justify this latter consideration.

4. The production of the editorial content of the Journal of the Canadian Dental Association has long since shed its hobby characteristic. It has been a source of great consternation to the editor for many months that the most limited time at his disposal did not permit the development of a Journal in keeping with the attained professional status of Canadian dentistry. The task alone of attempting to maintain contact with the many and varied facets of our national program in order to convey, intelligently, these developments to the membership is formidable. Poorly edited articles and abstracts of limited value have been allowed to consume our pages. Content balance has been impossible because of a continuing dearth in contribution — a condition which probably can be charged to the editor's inability to maintain a vigorous and coercive follow-up program for articles. Many of the committees of this Association have not been, apparently, sufficiently encouraged by the editor to make use of the pages of the Journal to convey their activities to the readers. These and many other deficiencies have caused me no little concern.

5. The Committee on Publications and the Executive are to be congratulated for their wisdom in re-establishing the editorial post on a basis which will permit the incumbent greater time to perform his essential functions. The future of the Journal however, must go beyond this point. After, now, some ten years' participation in Canadian dental journalism which has permitted a wide acquaintanceship with dental editors through the American Association of Dental Editors, I am convinced that because of the constant creativity required, an editor cannot produce, for any significant length of time, a superlative publication alone. In the commercial or popular fields, large and well-trained editorial staffs render concerted attention to all phases of the editorial content, and planning, well into the future, is mandatory.

6. Traditionally, the Committee on Publications concerns itself in the main with the non-editorial aspects of the publishing of the Journal. The associate editors appointed, respectively, by the Corporate Members, supply news items of interest and occasionally refer an article for the editor's consideration. It would be quite impossible to obtain better co-operation than that given by some. There is a gradation however, in co-operation as the editor has yet to receive his first communication of any kind from one province and this in approximately five and one-half years of tenure. In my view this somewhat tenuous arrangement should not be perpetuated.

PUBLICATIONS

7. I believe that the editors should be responsible directly to the Executive and that the name and terms of reference of the Committee on Publications should be altered. The Committee, in my view, should be known as the Committee on Journalism, and its essential term of reference should be the overall development of dental journalism in Canada. There is no agency presently operating in this country to train dentists in journalistic pursuits and this vital matter should no longer be ignored. We have made at least some efforts to provide training for researchers and teachers, but none at all for those whose responsibility it is to function as the obstetricians of dentistry's literature and as dentistry's unofficial spokesmen. This area of concern is sufficiently important to merit the efforts of a Committee of this Association unencumbered with the mainly routine business matters of the Journal. The post of editor I think, is possessed of sufficient importance to create its occupant an officer of this Association.

8. I believe an active editorial board selected and chaired by the editor should be provided for in order that the collective minds of the board could be brought to bear on each and every issue of the Journal. Constant and constructive attention to editorial content could only result in a publication of higher quality. There is no active editorial staff such as pertains in much larger publications and this deficiency could, at least in part, be overcome by such a board.

9. If the appointment of a provincial associate editor is to continue to be the responsibility of the Corporate Member, and as the editor, apparently, is required to accept all individuals so appointed, it seems only reasonable that the Corporate Member should effect at least some degree of supervision or oversight of his activities. It does not seem just that the editor should be required to bear the brunt of criticism for apparent disregard of a particular province's dental activities where the duly appointed associate editor is not sufficiently concerned either with his province or the journal, to forward a submission.

10. Little or no change has been made in the format of the journal during the past year. A new cover is presently being developed which will initiate the 1959 volume in January. The change in printers was effected with minimal difficulties although certain substitutions in type faces had to be made.

11. As this, presumably, is the final report I shall make to this board I should like to grasp this opportunity to convey my most sincere thanks and appreciation to this Association for permitting me the great privilege of editing the English section of its Journal. Through the many and varied activities which surround the editorship I have been privileged to meet and share views with the leaders of our profession both here in Canada and in the United States. My direct association with editorial confreres within the American Association of Dental Editors has been for me a most rewarding experience. I shall be eternally grateful to this Association for having had the opportunity of serving

our profession in the post of Editor of the Journal of the Canadian Dental Association.

12. To my successor, Dr. Edward R. Bilkey, a man of unquestioned ability, I wish the same rewarding experiences in office that have been mine to enjoy.

REPORT OF EDITOR FRENCH SECTION —GERARD DE MONTIGNY

1. Once again, I feel honored to present the annual report of the Editor of the French Section of the Journal to the men who preside at the destinies of Canadian Dentistry.

2. This last year, the French Section had again the good fortune to receive a number of articles—more than sufficient to fill its sixteen pages. The quality of these articles varied widely: some were excellent, others ordinary, but the fact remains that more dentists wish to publish articles and this is, I believe, a healthy symptom.

3. The Editor had the privilege to meet some editors of French-written dental journals in Europe and to discuss with them the ideals of a publication such as ours. These men look at our Journal as the only written link that brings to them the achievements of American dentistry in their own language and they wish that they could get more information than the little that is published in the French section.

4. Of course, we could add more pages to our section; we could furnish them with articles containing more basic principles and more elementary data pertaining to dentistry, but we must not forget that our Journal is published for Canadian dentists by Canadian dentists. Moreover, we are not sure of securing a sufficient number of articles of the type that they would like and our members, on the other hand, would probably not appreciate articles that would be written for foreign dentists.

5. To increase the bulk of information contained in the Journal, I would suggest to have a summary of the English-written articles translated into French and vice versa for the French-written articles. This endeavour has been mentioned before, but I think that it is time to put it into action. It means a little more work for the French Editor, but knowing him intimately, I presume that he can be coaxed to do it.

6. Gulliver once said that “travelling is the source of knowledge”. I have learned that the staff of European dental schools and medical faculties have to publish regularly in the Journals summaries of their research work accomplished in the institutions, where their services are sought. The publication of one or two articles each year is part of their functions as professors. I humbly submit this tradition of professorship in the old countries to the deans of our dental schools in order that the value of our Journal be increased and

PUBLICATIONS

also the public relations aspect of their respective faculties to the membership at large.

7. The French section would publish with interest reports from different committees and councils of the Association. Also news from the Dental Corps and any other organizations of national interest. These reports are usually written in English, but again for the sake of Canadian bilingualism, the Editor of the French section will gladly translate them, so that the French-speaking members are fully informed on the activities of the Association and similar bodies.

8. In closing, may I say that the French section of the Journal regrets most sincerely the departure of the Editor of the Journal, Dr. Wesley Dunn. Under his guidance, the French section enjoyed an atmosphere of cooperation and sympathy that made the work pleasant and interesting to all concerned.

Appendix B

February 6, 1958

Dr. A. G. Racey, President,
CANADIAN DENTAL ASSOCIATION,
Toronto, Ontario.

Dear Sir:

We have examined the accounts of the COMMITTEE ON PUBLICATIONS OF THE CANADIAN DENTAL ASSOCIATION for the year ended December 31, 1957 and submit herewith the following statements:

Respectfully submitted,

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

COMMITTEE ON PUBLICATIONS

BALANCE SHEET

December 31, 1957

ASSETS

Current assets:

Cash on hand and in bank \$10,628.54

Capital assets:

Office furniture and fixtures \$1,247.02

Less Accumulated depreciation 885.57

361.45

\$10,989.99

LIABILITIES

Surplus:

Surplus, December 31, 1956 \$7,027.90

Surplus for year 1957 3,962.09

\$10,989.99

\$10,989.99

AUDITORS' REPORT

We have examined the accounts of the Committee on Publications of the Canadian Dental Association for the year ended December 31, 1957 and report that, in our opinion, the above balance sheet and related statement of revenue and expenditure present fairly the financial position of the Committee as at December 31, 1957 and its financial transactions for the year ended on that date, according to the best of our information and the explanations given us and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

COMMITTEE ON PUBLICATIONS
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1957

REVENUE

Advertising \$45,461.00

Canadian Dental Association grant 14,500.00

Subscriptions 888.14

Donation 15.15

\$60,864.29

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EXPENDITURE

Honoraria to editors	\$ 3,540.00
Expense allowances	1,861.65
Editor's office expenses	1,663.06
Committee meeting expenses	21.40
Publishing the Journal	30,630.20
Commission, publishers	9,828.82
Agency commission	6,145.60
Cuts and postage	2,295.45
Depreciation on office furniture and fixtures	104.15
Office and general expense	811.87
	\$56,902.20
Surplus for year	3,962.09
	<u>\$60,864.29</u>

Appendix C

BUDGET FOR 1959

Revenue	1958 Budget	1959 Budget
Advertising	\$42,000.00	\$45,000.00
C.D.A. Grant	14,500.00	15,000.00
Subscriptions	600.00	750.00
	\$57,100.00	\$60,750.00
 Expenditure		
Salaries	\$ 3,600.00	\$ 8,700.00
Expense Allowances	1,870.00	1,870.00
Editor's Office expense	1,500.00	1,700.00
Committee expenses	100.00	100.00
Publishing	31,500.00	31,000.00
Publisher's commission	9,500.00	9,500.00
Agency commission	5,750.00	6,000.00
Cuts and postage	2,500.00	3,000.00
Sundry expenses	250.00	800.00
	\$56,570.00	\$62,670.00
Surplus	530.00	1,920.00
		(Deficit)

COMMENT and ACTION

1. Informative.
- 2 & 3. We concur most heartily.
4. (a) Noted with satisfaction.
(b) Approved — such increase in expenditure is inevitable under present conditions.
(c) Agreed.
(d) We concur in thanking Mr. Gordon V. Allen and also our Business Manager for this excellent showing.
5. We thank the Committee on Publications for this excellent report and for their untiring effort.

Editor

- 1 & 2. We agree with these observations.
3. We note Dr. Dunn's natural modesty in these remarks.
4. We are aware of the principles expressed but we consider Dr. Dunn is being overly modest.
5. We recommend that this paragraph be brought to the attention of the Committee on Publications for consideration.
6. We regret that this condition has existed but we believe that the responsibility rests with the Corporate Members and their representatives on the Board of Governors. We suggest that the Association instruct Corporate Members to this effect.
- 7 & 8. We recommend that these items be referred to the Committee on Publications for study and recommendations.
9. Note comment on item 6. (above).
10. Noted.
11. We believe that the privileges to which Dr. Dunn refers have been transcended by his great contribution to dental journalism in Canada.
12. We welcome Dr. Bilkey to his new appointment and we concur heartily with Dr. Dunn in these sentiments.

With so many favourable comments in regard to Dr. Dunn's great service, we add our appreciation and our good wishes for his continued success in his new appointment.

PUBLICATIONS

French Editor

1 - 4. We note, with interest, the abundance of material available to the Editor of the French Section.

5. We agree in principle, but suggest that the mechanics of putting this in operation be at the discretion of the Committee on Publications.

6. We agree that staff members should be encouraged to write scientific articles for the Journal.

7. We are in accord with this suggestion.

8. We concur.

The Journal is most fortunate in having such a man as Dr. de Montigny as Editor of our French Section.

We have studied the Appendices with interest and recommend approval of the budget. We recommend adoption of the report of the Committee on Publications.

APPROVED

MEMBERS: J. G. Chalmers, Chairman, Toronto, Ont.; H. R. Skilling, Toronto, Ont.; J. Kreutzer, Toronto, Ont.; J. H. Mullett, Toronto, Ont.; C. A. McLean, Toronto, Ont.; E. R. Bilkey, Toronto, Ont.; Co-opt Members: E. Rollaston, Toronto, Ont.; R. R. Butler, Toronto, Ont.

REPORT

1. (a) The public Relations Committee has worked with two chief objectives in mind.
 - (i) To promote goodwill, mutual understanding, and cooperation within the profession.
 - (ii) To encourage the profession to maintain and enhance the confidence and esteem of the public.
- (b) To further these objectives the Committee has:
 - (i) Completed the fluoridation tape recording.
 - (ii) Published a pamphlet "Care Following Dental Surgery".
 - (iii) Sent a public relations letter to every member regarding recruitment of dental students, entitled "Tomorrow's Dentistry — Your Responsibility".
 - (iv) Prepared and published a Public Relations Plaque.
 - (v) Arranged for the dissemination of publicity material and news releases.
 - (vi) Requested the Research Committee to gain as much authentic information as possible regarding radiation.
 - (vii) Sent letters and information packets to each 1958 graduate.

2. Fluoridation Tape Recording

(a) The tape recording on the subject of fluoridation that has been delayed so long, due to difficulties of bringing all the panel together, was finally completed.

(b) The panel for the project included: Dr. L. A. Chute, Physician-in-Chief, Sick Children's Hospital, Toronto, representing the profession of medicine; Dr. Gordon Nikiforuk, Chairman, Division of Dental Research, Faculty of Dentistry, University of Toronto; Dr. Wesley Dunn, Editor of the Journal of the Canadian Dental Association, both representing the dental profession; Mr. E. C. Roelofson, former member of the Board of Control, City of Toronto, and a member of the Health League of Canada Executive; Mrs. Eileen Jorgens, housewife and mother of two young children. The last two individuals are representative of the laity.

(c) Questions that are most commonly asked about fluoridation are posed by the lay members of the panel and answers are given by the professional members.

(d) The manuscript is also available. Members of the panel can be substituted for names that might have more significance locally.

PUBLIC RELATIONS

(e) Both the manuscript and the tape recording have been used successfully in communities where the matter of fluoridation of the public water supply is projected.

(f) Twelve copies were on loan during Dental Health Week and copies are filed in the C.D.A. Library available for use.

(g) Dr. Wesley Dunn was the author of the manuscript, which occupies approximately fourteen minutes reading time and Dr. Harold Skilling was moderator.

3. Pamphlet "Care Following Dental Surgery"

(a) This pamphlet has filled an apparent need and supplements dentists' instructions to their patients after oral surgery.

(b) To the time of preparing this report, approximately 200,000 copies in French and English have been distributed.

4. Public Relations Letter: 'Tomorrow's Dentistry — Your Responsibility'

(a) Your Committee wishes to thank Dean Roy Ellis, Faculty of Dentistry, University of Toronto, Dr. Gullett, and Dr. Dunn, for their contribution in the preparation of the material in this letter.

(b) This letter was sent to every member of the profession.

5. Public Relations Plaque

(a) The idea for this plaque was drawn to the attention of the Committee by the Saskatchewan Dental Association.

(b) Further investigation by the Committee revealed that there was a demand for something of this nature.

(c) Similar efforts made by other professional organizations were found to be successful.

(d) After careful consideration by the Committee the plaque was prepared with the crest of the Canadian Dental Association and reads, 'You are invited to discuss frankly my services or my fees. The best dental service is based on mutual understanding'.

(e) From the beginning, demand has continued to be good, from all parts of Canada, and many commendations have been received.

6. Dissemination of Publicity Material

(a) The Committee appointed the Deputy Secretary to be responsible for spontaneous public relations efforts, such as news releases, because of time element in some cases.

(b) Mailing list was compiled of approximately 200 newspapers, radio and TV stations across Canada, to receive C.D.A. news releases.

(c) News releases were sent out re:

- (i) Announcement of C.D.A. Retirement Savings Plan.
- (ii) Need for more dental students — based on Dental Students Register.
- (iii) Fluoridation — based on latest compilation of municipalities with fluoridation now in operation, and number of people who now benefit.

7. News Clippings

(a) Clippings continue to pour in, indicating more and improved coverage of news concerning dentistry and dentists.

(b) There is evidence of increasing cooperation of the press (particularly with national coverage) before publication of articles. Articles have appeared in Canadian High News, MacLean's, Financial Post, Weekend, etc., instigated by the publications themselves. Authors have been checking their material with C.D.A. Headquarters prior to publication.

(c) Clippings are distributed to committee chairmen according to subject.

(d) Number received in the past year is over 20,000 and is increasing, possibly indicating increased public awareness and increased dental activities.

8. Radiation

(a) To endeavour to gain an answer for the profession to give to the public on this subject, the Committee requested the Research Committee to gain as much authentic information as possible regarding radiation.

(b) The Research Committee has published a statement on this subject. It appeared in the July, 1958, issue of the Journal and printed copies are also available.

9. Pamphlets

(a) Demand continues to be strong for pamphlets.

(b) Reprints have been necessary in many instances.

(c) A display of the available pamphlets attracted a great deal of interest at the last Ontario Dental Association Convention and a similar display will be exhibited at the Convention following this meeting. The Committee wishes to thank Mr. Ken Croft, Deputy Secretary, for looking after this matter.

10. Contact with new graduates

As names were received from provincial registrars, each new graduate was sent a packet containing a letter of welcome to membership in the C.D.A., an outline of services available from Headquarters, and samples of literature published by the Association. It is proposed to repeat this contact each year.

11. Publicity

The Committee has prepared a plan which we hope will give this meeting satisfactory publicity.

PUBLIC RELATIONS

12. Budget

(a) The Public Relations Committee for the past number of years has not expended the full amount allotted to it in the budget.

(b) For this year \$1,000.00 is the amount respectfully requested to be placed at the disposal of the Public Relations Committee.

COMMENT and ACTION

1. We commend.
2. Informative. We commend Drs. Dunn and Skilling and members of the panel.
3. Noted.
4. Agreed.
5. Informative. It appeared that the reactions to this plaque were either extremely favourable, or extremely unfavourable. For some people, the plaque appears to fulfil a need.
6. (a) We approve.
(b) & (c) Informative.
- 7 & 8. Informative.
9. Gratifying.
10. We heartily approve.
11. Noted.
12. Noted and we recommend approval.

Resolution:

WHEREAS there appears to be a developing desire on the part of various media of communication for information relating to dentistry, and

WHEREAS dentists are requested from time to time to provide such information, or to personally appear in the interests of the profession, therefore be it

RESOLVED that the Public Relations Committee be requested to develop a suitable brochure which may be employed by dentists as a guide to acceptable conduct when they are requested to provide information for public consumption, or to appear publicly to represent the profession.

ADOPTED

It is obvious that the Public Relations Committee is diligent and appreciation is expressed for the fine contributions.

We recommend the adoption of the Report of the Public Relations Committee.

APPROVED

MEMBERS: K. J. Paynter, Chairman, Toronto, Ont.; H. K. Brown, Ottawa, Ont.; C. R. Castaldi, Edmonton, Alta.; F. Compton, Toronto, Ont.; D. Fraser, Toronto, Ont.; R. M. Grainger, Toronto, Ont.; J. Kreutzer, Toronto, Ont.; J. P. Lussier, Montreal, P.Q.; E. M. Madlener, Toronto, Ont.; W. G. McIntosh, Toronto, Ont.; A. Posen, Toronto, Ont.; R. L. de C. H. Saunders, Halifax, N.S.; G. D. Scott, Toronto, Ont.; C. Reynolds, Willowdale, Ont., D. B. W. Reid, Toronto, Ont.

REPORT

1. Personnel

(a) Continuing the policy of maintaining on the Committee a broad representation from various disciplines related to research in dentistry, members have been chosen from such fields as Anatomy, Biochemistry, Histology, Pharmacology, Physiology, Physics, and Statistics, as well as from Medicine and Dentistry — the latter including representation both from the dental specialties and from general dentistry.

(b) The terms of office have expired for the following members: Doctors D. Fraser, J. Kreutzer, A. Posen, and D. B. W. Reid. Their contribution to the C.D.A. through their service on the Research Committee is hereby acknowledged with gratitude.

2. C.D.A. Studentship Program

The C.D.A. Studentship program was begun fourteen years ago. Since its modest beginning it has grown to a large and important Association activity, which has continued to expand each year both in magnitude and significance. A review and summary of the Studentship program over its fourteen years of existence has been prepared and is attached as Appendix A.

3. Studentship Applications

Since the last report of the Committee, a total of eighteen applications for Studentships and several enquiries have been dealt with. Fifteen Studentships were granted and accepted by the applicants as follows:

(a) A grant of \$4,300.00 was made to Dr. K. M. Kerr, Halifax, N.S., for tuition and living expenses during a one year course of study in the Department of Prosthetic Dentistry at Ohio State University, preparing for a full-time teaching appointment on the staff of the dental school at Dalhousie University. Since Dr. Kerr's course was completed two months earlier than originally planned, \$675.00 of his grant was not used and was returned to the Association; thus the total amount expended was \$3,625.00.

(b) The sum of \$910.00 was granted to Dr. A. E. Hoffman, Halifax, N.S., to partially defray living costs while undertaking a course in Oral Surgery at the Henry Ford Hospital in Detroit, Michigan. Dr. Hoffman has

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now returned to a full-time teaching position on the staff of the dental school, Dalhousie University.

(c) A studentship totalling \$3,000.00 was granted to Dr. Sigmund Socransky, Toronto, Ont. for living costs and tuition fees, while attending the first year of a course of graduate training in the field of Microbiology under the direction of Dr. J. B. Macdonald at the Forsyth Infirmary and the Harvard School of Dental Medicine, Boston, Mass.

(d) A grant of \$400.00 was made to Dr. A. M. Hunt, University of Toronto, for living and travel expenses while attending a one-month course in radioisotope techniques at the Institute of Nuclear Studies, Oak Ridge, Tennessee.

(e) An amount of \$3,000.00 was granted to Dr. Claude Baril, Faculty of Dentistry, University of Montreal, for living costs and tuition while taking a course leading to the degree of Doctor of Philosophy in Physiology at the University of Michigan. Dr. Baril, on leave of absence from the dental school, University of Montreal, will return to a full-time teaching and research position on the staff of that school.

(f) A studentship of \$900.00 was granted to Dr. M. Roberts, a 1957 graduate in Dentistry, University of Toronto, as salary while employed for three months during the summer of 1957 in the laboratories of the Division of Dental Research, University of Toronto, under the direction of Dr. K. J. Paynter.

(g) A grant of \$950.00 was made to Dr. J. A. Whyte, a graduate student in Periodontics, University of Toronto, for salary and supplies while employed during the summer of 1957 on a problem related to the epidemiology of periodontal disease under the direction of Dr. C. H. M. Williams.

(h) A grant of \$855.00 was made to Mr. S. A. Heschuk, a third year dental student, University of Toronto, for salary while employed for three summer months in the laboratories of the Division of Dental Research, University of Toronto, under the direction of Dr. E. M. Madlener.

(i) The sum of \$927.50 was granted to Mr. G. J. Levenstadt, a second-year undergraduate dental student, University of Toronto, as salary for a three and one-half-month period during the summer of 1957, while employed under the direction of Drs. R. M. Grainger and K. J. Paynter on a research project in the Division of Dental Research, University of Toronto.

(j) A studentship in the amount of \$795.00 was granted to Mr. S. Brzak, a first-year undergraduate dental student at Dalhousie University, as salary for a three-month period during the summer of 1958 to work in the Department of Anatomy, Dalhousie University, under the direction of Dr. R. L. de C. H. Saunders, Professor of Anatomy.

(k) A studentship for \$795.00 was granted to Mr. D. R. Gratton, a first-

year dental student, University of Toronto, as salary during the three summer months (1958) while employed on a research project in the Department of Anatomy, University of Toronto under the direction of Dr. Jas. Anderson and Professor J. W. A. Duckworth.

(l) A grant totalling \$1,140.00 was made to Mr. I. M. McLeod, B.A., a first-year dental student, University of Toronto, as salary for a four-month period during the summer, 1958, while employed on a research project in the Division of Dental Research, University of Toronto, under the direction of Dr. G. Nikiforuk.

(m) A grant of \$185.50 was made to Dr. F. Popovich, Burlington, Ont., for travel expenses permitting consultation with Drs. W. M. Krogman and Alton Moore, at New Orleans, Louisiana, in relation to the study being undertaken at the Burlington Interceptive Orthodontic Clinic, Burlington, Ontario.

(n) A grant of \$435.00 was made to Dr. C. R. Castaldi, Faculty of Dentistry, University of Alberta, for travel and living costs related to a one-week period of study and consultation with Dr. Jas. H. Shaw in the latter's laboratory at the Harvard School of Dental Medicine, Boston, Mass., in relation to a proposed research project at the University of Alberta.

(o) An amount of \$150.00 was granted to Dr. K. M. Kerr, Dalhousie University, for travel expenses to enable him to attend the meeting of the American Academy of Prosthodontists at Detroit, Michigan. Application was made through Dean J. D. McLean of Dalhousie University. Dr. Kerr is a prospective full-time member of the dental school staff at Dalhousie University (see (a) above).

4. Reprints

Funds have been granted the following applicants to purchase reprints through the Canadian Dental Association Reprint Service:

(a) 200 reprints — Dr. H. A. Hunter, Toronto, Ont. "The Effect of Gutta Percha, Silver Points, and Rickert's Root Sealer on Bone Healing." *Jour. Canad. Dent. Assoc.* 23: 385, 1957.

(b) 150 reprints — Drs. J. B. Macdonald and E. M. Madlener, Toronto, Ont. "Isolation of *Spirillum Sputigenum*." *Canad. Jour. of Microbiol.* 3: 679, 1957.

(c) 200 reprints — Dr. F. McCombie, Vancouver, B.C. "Dental Epidemiology in Malaya, Parts I, II, and III" *Jour. Canad. Dent. Assoc.*, November, 1957, December, 1957, and January, 1958.

(d) 200 reprints — Dr. A. L. Posen, Toronto, Ont. "Vertical Height of the Body of the Mandible and the Occlusal Level of the Teeth in Individuals With Cleft and Non-Cleft Palates." *Jour. Canad. Dent. Assoc.*, April, 1958.

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(e) 250 reprints — Dr. W. J. Linghorne, Toronto, Ont. "Studies in the Reattachment and Regeneration of the Supporting Structures of the Teeth. Study V, Primary Regeneration." Jour. Canad. Dent. Assoc. 24: 125, 1958.

5. Pamphlet — "Facts on Fluoridation"

(a) The fourth revision of this brochure has now been completed and is being distributed.

(b) Since "Facts on Fluoridation" was first written, approximately 3,750 copies have been distributed by the Association.

6. Statement on the Fluoridation of Communal Water Supply

The Committee feels that once again, continuing its policy of encouraging the adoption of measures aimed at the prevention of dental disease, the Association should state its recommendation that communities with a public water supply should adopt the procedure of adjusting the fluoride level of the water to a level established as optimal for the partial prevention of dental caries. A suggested statement for adoption is attached as Appendix B.

7. Statement — "The Relation of Milk Consumption to Dental Caries"

In answer to requests from members of the profession, the Committee was asked to prepare a statement on the relationship between the consumption of milk and the incidence of dental caries. Pertinent literature dealing with this subject was reviewed and the Committee statements attached as Appendix C.

8. Statement — "Radiation Hazards Resulting from the Use of Dental X-Ray Units"

(a) In view of the continuing interest and concern which has been shown by both the profession and the public about the hazards from radiation related to the use of dental X-ray machines, the statement dealing with this subject which was prepared by the Committee a year ago, (see App. D, Research Committee Report, C.D.A. Transactions 1957) has been modified to include data from the more recently published articles in the literature. The revised statement has been included with a recent "Governors Letter" and was published in the Journal, Vol. 24(7): 411, July, 1958. The statement is attached as Appendix D.

(b) It is felt by the Committee that consideration should be given by the Association to ways and means of most effectively bringing such information to the attention of members of the profession.

9. Report to the Council on Dental Education

In view of the intimate relationship between teaching and research, the

Committee Chairman was asked to report to the Council on Dental Education of the C.D.A. in January 1958, on matters of common interest. The report dealt essentially with two subjects. Attention was drawn to the future benefits which will emanate from the policy of granting studentships to undergraduate dental students thus permitting their employment in University research laboratories during the summer vacation period. The second item which was discussed related to radiation hazards and how the schools could minimize the hazards by ensuring that the apparatus used for teaching Radiology and for diagnosis satisfies all safety requirements, and that students are made fully aware of the importance of using care when taking radiographs to reduce exposure to an absolute minimum both to the Patient and the Operator.

10. Finances

(a) Because of the increasing need and demand for studentships, a request for a supplemental grant of \$1,000.00 was made to the Executive Committee in June of this year. The Executive granted the request, thus making the total grant to the Research Committee for 1958 \$6,500.00.

(b) The total amount allocated as Studentships since the last report of this Committee is \$19,106.45 (\$11,728.10 in 1957, and \$7,378.35 in 1958).

(c) The Committee respectfully requests that the sum of \$7,500.00 be allocated for its use during 1959.

(d) The financial statement of the Canadian Dental Research Foundation for the year ending December 31, 1957, is attached as Appendix E.

Appendix A

C.D.A. STUDENTSHIP PROGRAM

The studentship program is now fourteen years old, and it has grown to the point where it was felt that a short review of the history of the plan's initiation, its policies, its record, and an estimate of its worth both present and future, to Canadian Dentistry, would be of value.

1. Initiation of the Studentship Program

In 1944, the Dominion Dental Council made a grant of \$5,000.00 to the C.D.A. Research Committee, to be paid in five annual instalments of \$1,000.00 each, and "to be used for research at the discretion of the Committee". The next year, in 1945, the Board of Governors of the C.D.A. adopted the following resolution contained in the report of the Research Committee at the annual meeting, "That the generous gift of the Dominion Dental Council of \$1,000.00, the first instalment of a \$5,000.00 donation, be devoted to the training of suitable personnel for scientific research in dentistry." These actions launched the C.D.A. studentship program, which was intended to provide financial assis-

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tance to qualified candidates who desired to prepare themselves for careers in research and teaching in dentistry.

2. Finances

In addition to the \$5,000.00 grant from the Dominion Dental Council which initiated the program, funds from two others sources have been used for studentships. Each year, the Canadian Dental Association, through the Board of Governors, has granted a sum of money to the Research Committee for this purpose. These amounts are listed in Table 1, according to the year they were made.

In addition to these two sources, the Annual interest from the funds held by the Canadian Dental Research Foundation has been turned over to the Research Committee for use in the studentship program. In 1951, a backlog of unused interest amounting to \$3,774.00 was deposited into the Committee's account. Since that time, the annual income from the Foundation has amounted to approximately \$400.00.

TABLE 1

A List of the Grants Made Annually by the Canadian Dental Association to the Research Committee For Use As Studentships, Together With a List of the Amount Granted by the Committee For This Purpose Each Calendar Year.

Year	Annual Grant to Research Committee	Year	Annual Allocation By Research Committee
1944	\$ 1,000.00		
1945	1,000.00		
1946	1,000.00		
1947	1,000.00		
1948	1,500.00	1947	\$ 100.00
1949	2,000.00	1948	2,000.00
1950	2,000.00	1949	1,870.00
1951	2,000.00	1950	4,150.00
1952	2,000.00	1951	1,731.08
1953	3,000.00	1952	2,400.00
1954	3,500.00	1953	3,459.78
1955	3,500.00	1954	3,564.79
1956	3,500.00	1955	7,451.70
1957	5,000.00	1956	7,176.62
1958	5,500.00	1957	11,754.47
1958 (Supp.)	1,000.00	1958 (June 30)	7,378.35
TOTAL	\$38,500.00	TOTAL	\$53,036.79

3. Studentship Grants

Acceptance of the Studentship program built up slowly after its beginning, and it was not until 1947 that the first grant was made, — for \$100.00. Since that time, the demand for the sort of financial assistance offered through studentships has steadily increased as indicated in Table 1, which shows the amount allocated each year by the Committee since the first grant was made. For nine of the last twelve years in which grants were made, the amounts allocated have exceeded the annual Association grant, and this year, it was found necessary to request a supplemental grant of \$1,000.00 in order to carry on the program for the present year.

4. Types of Studentships

Within the terms of the regulations governing the award of Studentships, grants may be considered as being of four basic types.

(a) “Regular” studentships are granted to qualified dental graduates preparing themselves for a career in teaching and research in dentistry. These may be considered as the basic C.D.A. Studentship. Recipients of such grants, whose studies are to extend over a considerable period of time, are encouraged to seek more permanent financial help elsewhere if possible, and to consider the Studentship as interim support only.

(b) Travel — Studentships are also granted for travel to permit consultation with recognized authorities in the research field in which the grantee is working. Since the inception of the studentship program twelve such grants have been made.

(c) Reprints — In addition to those above, funds may be allocated for the purchase of reprints of original articles of a research nature published by Canadian authors. Since 1951, thirty-four sets of reprints have been paid for in this manner. Generally 200 reprints are purchased, and each is stamped “C.D.A. Reprint Service”. Then about 100 are mailed to research centres, libraries, etc. over the world, about twenty-five are kept at C.D.A. headquarters for future use, and the remainder are sent to the author. This mailing service provides one of the best distribution services in existence for Canadian dental research literature.

(d) Undergraduate — The first studentship to support an undergraduate dental student while employed in a University research laboratory was made in 1954. This far-sighted policy of offering summer employment in University research laboratories to highly qualified candidates from among undergraduate dental students has since received considerable attention and endorsement. In 1956, the Associate Committee on Dental Research of the National Research Council agreed to set aside a portion of its annual grant for the same purpose. Since then, C.D.A. Studentships have been used to augment the N.R.C. program. Awards are made to students with high academic standing, and who

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demonstrate interest in research. The amount of the studentships is similar to grants offered by the National Research Council, which are identical to the salaries paid in the N.R.C. Ottawa laboratories to science undergraduates. Dental undergraduates are encouraged to work in laboratories other than those confined to the dental school, and this year students are working in the Departments of Anatomy at Dalhousie University and at the University of Toronto. The Committee feels that such coordination between the dental schools and other related biological departments should be encouraged.

5. Success of the Studentship Program

Since the beginning of the program, the Research Committee has granted sixty applications for studentships, either original or renewals. Of these, eleven were made to ten dental undergraduates for summer research employment, twelve were for travel and consultation and thirty-seven were regular studentships. The latter two types were made to a total of thirty-five dental graduates in Canada. Twenty-one individuals either have, or are now receiving assistance through regular studentships, and of these, twelve now hold (and three others have held) teaching or research appointments in Canadian dental schools. Several are key personnel on the staff of their school, and many through their research activities, have made significant contributions to the advancement of our knowledge in the broad field of dentistry.

6. Increase in the Amount for Studentships

As may be seen from Table 1, the total amount granted for studentships has increased over the years both because increasing numbers of grants were made, and because generally, the amount of the individual studentships has become larger. The increase in both number and size of studentships is due to three possible reasons:

(a) There has been an increase in the demand for trained personnel as staff for Canadian dental schools. The demand has been augmented both by the expansion in dental teaching institutions in Canada, and by the increased awareness in the schools of the value of having additionally trained personnel as staff members.

(b) The amounts allocated by the Committee as living expenses for a studentship recipient have, in general, risen with the increased cost of living over the past decade. Even so, the amounts for this purpose are still considerably less than those from other sources (for example, N.R.C. Fellowships).

(c) Over the past two to three years, the number of studentships awarded to undergraduate dental students has increased considerably. This has been related to the publicity given the N.R.C. Summer Assistantships which are comparable to (and patterned after) the summer studentships. This aspect of the studentship program will probably be in even further demand as time goes

on. The National Research Council received 23 applications for summer assistance in 1958, and granted five. Since our future dental research workers, teachers, and administrators are now undergraduates, this may well prove to be one of the most valuable aspects of our program. The Dean of one of the dental schools has noted the increased awareness of research among undergraduates as follows: "Increasing interest in research among undergraduate students is most encouraging. It is being stimulated by members of the staff and *aided financially by the far-sighted policy of the Canadian Dental Association in providing studentships . . .*"

7. Conclusion

The Canadian Dental Association may well be proud of its Studentship Program. Its wisdom and far-sightedness in investing in the development of personnel, has, even in less than a decade and a half, produced great dividends. The potential of the program in the future development and expansion of dentistry and dental teaching in Canada remains unlimited.

Appendix B

STATEMENT ON FLUORIDATION

Whereas tooth decay, by affecting the vast majority of people in Canada, has come to be recognized as one of the major public health problems of our time, and

Whereas studies covering a period of over thirty years under the widest variety of controlled conditions have marked fluoridation as one of the most widely studied of public health procedures, and

Whereas such studies reveal that fluoride in the recommended amounts of one part of fluoride to one million parts of water is safe from any ill-effect and is effective in reducing tooth decay by approximately two-thirds, and

Whereas fluoridation benefits children and the benefits extend into adult life, therefore be it

Resolved, That the Canadian Dental Association reiterates its recommendation to the people of Canada that communities having a public water supply adopt a procedure for adjusting the fluoride content of their water supply to a level considered optimal for the maximum prevention of dental decay, and for this purpose seek competent dental, medical and engineering advice.

ADOPTED

STATEMENT ON THE RELATION OF MILK CONSUMPTION TO DENTAL CARIES

by

THE RESEARCH COMMITTEE
Canadian Dental Association
April 1958

In response to a request by the Secretary of the Canadian Dental Association, this Committee has reviewed recent studies dealing with the effect of milk consumption on dental caries (references appended).

These studies do not support the concept that drinking milk increases the incidence of dental caries. A recent abstract ¹ stating that milk consumption parallels an increase in dental caries is an erroneous version of the original article ² in which the author speculated as to a possible causative relationship.

Several reports ^{5, 6, 7} indicated that an increase in milk consumption (possibly associated with other dietary alterations) correlates with a reduction in caries incidence. The diets of caries-immune children have been reported to contain from three to six glasses of milk per day ³.

ADOPTED

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RADIATION HAZARDS RESULTING FROM THE USE OF DENTAL X-RAY MACHINES

prepared by

**THE RESEARCH COMMITTEE
CANADIAN DENTAL ASSOCIATION**

April 1958

The value of the X-ray as a diagnostic aid in dental practice cannot be questioned. However, because of the increasing use of the X-ray, (2, 3) and because of the increased exposure of the public to radiation from other sources, the dental profession owes it to the public and to itself to review its practices in connection with the employment of the X-ray and to make an effort to reduce the hazards in this connection where feasible.

Radiation hazards resulting from the use of the dental X-ray should be considered as they relate to both the operator and to the patient, and these dangers in each instance may take three possible forms. First, the skin surface may be exposed to sufficient radiation to cause a burn or erythema. Second, deeper tissues, particularly bone marrow and lymphatic tissue may be affected adversely by the radiation, resulting in a leukemia or other blood cell disease. Third, radiation to the gonads may produce mutations within the developing germ cells, resulting in harm to succeeding generations.

Danger to the operator emanates both from direct exposure to the X-ray beam, and from scattered radiation from the patient's face and the nose cone on the machine. Provided reasonable care is exercised (i.e. avoiding standing in direct beam when the machine is on) the danger to the operator appears minimal (5). Exposure to scattered radiation can be markedly reduced by increasing the distance between the operator and the patient while taking X-ray pictures. That is, the timer cord should be as long as possible. (1, 5)

In regard to the patient, it appears that during normal routine use of the dental X-ray the danger of producing an erythema to the facial skin is very slight (1, 4, 7), and that radiation reaching the gonads does not seem to be a very serious hazard either, since it is only 1-3% of that from natural background (3, 8). However, it should be noted that there is no threshold dose for producing mutations in the developing germ cells (2). On the other hand, the marrow exposure from dental X-ray is high, and this appears to be the most serious factor limiting the use of the machine (1, 5, 7). Since the exposure threshold for causing alterations to developing blood-forming cells of bone marrow or lymphatic tissue is unknown, it must, at this time, be assumed that *any* dose in addition to normal background radiation is potentially dangerous, and every effort should be made to reduce these exposures to an absolute minimum.

RESEARCH

The hazards to the patient can be greatly reduced by simple modifications to either the machines or the techniques which are generally in use, as follows:

1. Pure sheet aluminum should be placed between the X-ray beam source and the patient. The added aluminum should be sufficient to make the total filtration equivalent to about 2 mm. of aluminum. (The amount added varies with each type of machine, each having some inherent filtration which can be ascertained from the manufacturer. (See 6)). Adequate added filtration will, on the average, reduce the skin (and marrow) dose by about 50% (1, 7).
2. A lead diaphragm should be placed between the beam source and the patient to ensure that the area of the skin surface radiated at each exposure is not more than $2\frac{3}{4}$ inches in diameter. Depending on the area of skin exposed by the machine without a diaphragm (this varies from about $4\frac{1}{2}$ inches to $3\frac{1}{2}$ inches) the skin or marrow dose can be reduced by an additional 38 to 68% by this means. (1, 7)
3. A technique should be employed which will make use of the fastest film now procurable. Depending on the film presently employed, this can reduce the patient exposure by another 66% or more. (1, 7)

If each of these safety measures is adopted the amount of exposure of patients to radiation from the dental X-ray machine can be reduced by as much as 95% without reducing the diagnostic value of the films.

In addition to this, if one of the newer dental X-ray units operating at 90 kilovolts (rather than 65 K.V.) is employed, an additional reduction of about 28% in facial radiation dose can be achieved (7).

ADOPTED

REFERENCES

1. Blackman, S., and J. R. Greening. Radiation hazards in dental radiography. *Brit. Dent. Jour.* 102(5): 167, 1957.
2. Chamberlain, R. H., A summary: Today's problems in radiation hazards and what is being done to control them. *Amer. Jour. Roentgenology, Radium Therapy, and Nuclear Med.*, 78(6):944, 1957.
3. Gonadal Dose Received in the Medical Use of X-rays. A report prepared for the Genetics Panel of the National Academy of Sciences' Study of the Biological Effects of Atomic Radiation.
4. Radiation Hazards Resulting From the Use of Dental X-ray Units. Statement prepared by the Research Committee of the Canadian Dental Association 1957.
5. Radiation Services, Department of National Health and Welfare Ottawa, Ont. Unpublished data. 1958.

6. Recommendations of the American Academy of Oral Roentgenology for Achieving X-ray Protection in the Dental Office. November, 1957.
7. Richards A. G., Roentgen-ray doses in dental Roentgenography. Jour. Amer. Dental Assoc. 56(3) :351, 1958.
8. The Hazards to Man of Nuclear and Allied Radiations. Medical Research Council, London, by Command of Her Majesty, June, 1956.

Appendix E

FINANCIAL STATEMENT
THE CANADIAN DENTAL RESEARCH FOUNDATION
BALANCE SHEET
 December 31, 1957

ASSETS**Current account:**

Accrued interest on bonds	\$	177.66
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Capital account:

Cash in trust company	\$	94.47
Government and government guaranteed bonds, at cost (par value \$17,100.00)		17,064.50
		17,158.97
		\$17,336.63

LIABILITIES**Current account:**

Surplus	\$	177.66
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Capital account:

Surplus		17,158.97
		\$17,336.63

STATEMENT OF RECEIPTS AND DISBURSEMENTS
CURRENT ACCOUNT

Year ended December 31, 1957

RECEIPTS

Interest on investments held by trust company	\$	510.50
Bank interest		2.56
		\$ 513.06

RESEARCH

DISBURSEMENTS

Overdraft in trust company, December 31, 1956	\$	.97
Trust company's fees to December 31, 1957		41.79
Transfers to C.D.A. Dental Research Fund (including \$84.35 remitted by National Trust Co., Ltd. on December 31, 1957)		470.30
	\$	513.06

COMMENT and ACTION

1. Informative.
2. This short paragraph is an introduction to Appendix A. The history of the C.D.A. studentship program from its inception fourteen years ago relates its growth and expanded horizon. Professional scientific groups, to be successful and flourish, must endeavour to increase their basic knowledge through a progressive research program.
3. The studentship applications granted during the past year indicate a three fold trend. First — this fuller educational preparation of dental teachers; second — the employment and introduction of undergraduates to research during their summer vacation; third — assistance in travel.
4. Informative.
5. This pamphlet has proved a popular and extensively used publication.
6. Approved.
7. Appendix C is referred to the individual members of the Canadian Dental Association for their information from an authoritative source.
8. Each member of the Canadian Dental Association is urged to review his own practice in regard to his individual x-ray hazards and the simple means that can be taken to afford adequate protection. It is recommended that the findings of the Research Committee, as contained in Appendix D, be distributed to each member of the Canadian Dental Association.
9. Informative.
10. The budget request is approved and referred to the Finance Committee for its consideration.

This important Committee is thanked for its splendid efforts and we agree heartily "That the potential of the program in the future development and expansion of dentistry and dental teaching in Canada remains unlimited".

We recommend the adoption of the Report of the Research Committee.

APPROVED

MEMBERS: M. A. Rogers, Chairman, Montreal, P.Q.; P. J. Gitnick, Montreal, P.Q.; H. T. Oliver, Montreal, P.Q.

REPORT

1. At the 1957 meeting of the Board of Governors held at Winnipeg, Manitoba, the Report on the Report of the Committee on Specialists and Specialization contained a resolution which read, in part —

“Resolved that this Association recognize, at this time, only the Specialties of Oral Surgery and Orthodontics, and be it further

Resolved that provision be made for a conference within the year of the Committee on Specialists and Specialization, together with such other persons as may be determined by the Executive, to consider the whole question of specialties and their recognition.”

2. (a) The Committee met in Montreal, Quebec, on Thursday, February 13, 1958 with A. G. Racey, President and Don W. Gullett, Secretary of the Association, and J. McCutcheon, Dean of McGill Faculty of Dentistry present.

(b) It was agreed at this meeting that groups applying for recognition as specialists by the Canadian Dental Association should support their requests by

(i) Showing proof of a need for such a specialty, and by

(ii) Showing evidence of organization within the groups themselves.

(c) The group concurs with item 10 of the 1957 report that in some instances the need for recognition of other specialties may be so localized as to be a matter for the consideration only of the Provincial licensing bodies concerned.

3. Periodontology:

(a) Early in June, 1958, this Committee received a request from the Canadian Academy of Periodontology for recognition by the Association of Periodontics as a special branch of dental practice and of Periodontists as specialists.

(b) The Committee met on June 23, 1958, to consider this important matter, and feels that

(i) Periodontology in Canada has now progressed to a point where it merits recognition by, and the encouragement of, the Association.

(ii) This application is made by a group which does, in fact, represent Periodontics in Canada.

(c) This Committee recommends therefore, that

The Association recognize Periodontics as a special branch of dental practice, and Periodontists as specialists.

SPECIALISTS AND SPECIALIZATION

4. The Committee feels strongly that, with the present trend toward specialization, the interests of the general practitioner must be considered and that the manner in which he may be affected by the specialties must be kept in mind. To this end the Committee recommends that a general practitioner be one member of this committee, and considers it desirable that he be the Chairman.

COMMENT and ACTION

1. Noted.
2. (a) Information.
(b) Agreed.
(c) Agreed.
3. (a) Information.
(b) & (c) Agreed, and further, we recommend the adoption of the following resolution:

WHEREAS it has been established that a need exists for the treatment and control of periodontal disease, which is a health problem of great magnitude, and

WHEREAS at present the level of advanced professional training required of a Periodontist exceeds that normally required of a general practitioner, and

WHEREAS the knowledge derived from that advanced training will inevitably be imparted to the undergraduate dental student, and this knowledge will better equip him as a future general practitioner in his treatment of periodontal disease, and

WHEREAS research in periodontal disease will best be carried on by or under the direction of persons specially trained in the field of Periodontology, and

WHEREAS Periodontics is presently recognized as a specialty by the Royal College of Dental Surgeons of Ontario, by the College of Dental Surgeons of the Province of Quebec, by the Alberta Dental Association and by the American Dental Association, therefore be it

RESOLVED that this Association recognize Periodontics as a special branch of dental practice and Periodontists as specialists.

ADOPTED

4. Agreed.

We recommend that the Report of the Committee on Specialists and Specialization be adopted.

APPROVED

MEMBERS: *Louis Lepine, Chairman, Montreal, P.Q.; A. M. Hord, Toronto, Ont.; Howard Boyles, Montreal, P.Q.; O. Hebert, Montreal, P.Q.; R. S. Edmison, Montreal, P.Q.*

REPORT

1. The Committee wishes to express its formal regrets at the resignation of its former chairman, Dr. Roger Charette, who sat in the chair with so much dignity and effectiveness for the past few years.

2. Altogether eight entries were presented by four of the existing five dental faculties. Dalhousie University did not compete.

3. The judges were Drs. P. J. Gitnick, Mervyn A. Rogers and Dr. Mezl. Dr. Mezl was kind enough to take the place of Dr. G. de Montigny who was on a trip to Europe. The three judges have, as usual, generously accepted this delicate task for which this Committee wishes to express its high appreciation.

4. The winners this year are:

1st prize: Jack G. Dale — University of Toronto.

2nd prize: Paul R. Shunock — University of Toronto.

This Committee wishes to commend the high quality of the manuscripts of the winners in particular and of all the essays in general. An honorable mention should be made here of the remarkable essay presented by Mr. E. V. Dolinsky of the University of Alberta who took a close third place.

5. The title of the 1958-59 competition reads as follows:

“The Influence of Anatomical Structures on the Development of Periodontal Disease.”

6. The Deans of the five dental faculties of Canada were notified last April of the title and the regulations of the 1959 competition. As in the past, the deans will be notified, one month prior to the expiration date, of the importance of sending the manuscripts on or before March 30th.

7. At the 1957 Annual Meeting four essay subjects were approved from which one was selected by the Executive as the 1958-59 title. The remaining three titles are listed below as a, b, c, and d is submitted in order to maintain a reservoir of four titles.

(a) “Factors Influencing the Behaviour of Silver Amalgam.”

(b) “The Early Diagnosis of Oral Precancerous Lesions.”

(c) “Fractured Anterior Teeth—Diagnosis, Treatment and Prognosis.”

(d) “The Role of Dentistry in Public Health.”

WAR MEMORIAL AWARD

8. This year, the Annual Meeting being rather late in the fall, this Committee asked the executive of the C.D.A. to notify the winners of the 1958 competition.
9. This committee deems there is no modification to make on the present rules and regulations of the competition and also on the usual budget.

COMMENT and ACTION

1. We present the following resolution:

WHEREAS Doctor Roger Charette resigned as Chairman of the War Memorial Award Committee in order to assume the chairmanship of the 1958 Convention Committee, and

WHEREAS Doctor Roger Charette has been Chairman of that Committee for several years, therefore be it

RESOLVED that a letter of appreciation be sent by the C.D.A. for the fine service rendered.

ADOPTED

2. Noted and we regret that all the five universities did not compete.
3. It is recognized that this is a tedious assignment and the judges are to be commended for their unselfish and competent services.
4. We congratulate the winners.
5. Agreed.
6. Noted.
7. & 8. Approved.
9. Agreed.

We recommend the adoption of the Report of the War Memorial Award Committee.

APPROVED

**RESOLUTIONS RECEIVED
FOR PRESENTATION AT ANNUAL MEETING**

Number 1

Newfoundland Dental Society — Sponsorship of Clinic

WHEREAS Canadian dentists, regardless of geographical location, take pride in keeping pace with advances in dental knowledge, and

WHEREAS dissemination of such knowledge is often best accomplished by clinics and demonstrations by workers in larger centres, and,

WHEREAS some local dental societies, for economic and geographical reasons, experience difficulty in obtaining qualified clinicians, and

WHEREAS clinicians travelling under C.D.A. sponsorship would help solve the difficulty, and

WHEREAS the Canadian Medical Association has been successful in arranging this type of program,

BE IT RESOLVED that the Newfoundland Dental Society recommends that the Canadian Dental Association sponsor annually a team of clinicians to visit local dental societies in conjunction with the Presidential visitations.

Action

In consideration of submitted resolution Number 1 we submit the following resolution:

WHEREAS the need for the dissemination of scientific knowledge to all Canadian dentists, regardless of geographical location is acknowledged by this Association, and

WHEREAS the establishment and operation of teams of clinicians by the Canadian Dental Association involves the policy of the said organization, and

WHEREAS this is the second time this resolution has been presented for consideration at the Board of Governors' meeting, therefore be it

RESOLVED that the establishment of teams of clinicians to travel under C.D.A. sponsorship to Newfoundland be considered by the Executive of the Canadian Dental Association.

ADOPTED

SUBMITTED RESOLUTIONS

Number 2

College of Dental Surgeons of British Columbia — National Public Relations Program

“THAT a letter be forwarded to the Canadian Dental Association regarding a public relations program for the dental profession on a national basis.”

Action

IT IS RECOMMENDED that this resolution be forwarded to the Committee on Public Relations.

ADOPTED

Number 3

Royal Canadian Dental Corps Association

“THAT the Secretary be instructed to write to the Secretary of the Canadian Dental Association to ask that if and when the Committee on (Federal) Dental Services is re-activated a member of the Royal Canadian Dental Corps Association be included on the Committee.”

Action

WHEREAS the Committee on Federal Dental Services does not exist at the present time, therefore be it

RESOLVED that this matter be given consideration if and when this Committee is reactivated.

ADOPTED

Number 4

Prince Albert Dental Society — Exemption for Automobile Expense

“BE IT RESOLVED THAT the Canadian Dental Association approach the Federal Government, re: the business use of an automobile and allowing suitable exemption for same — this to include the depreciation each year for said automobile and a percentage of operating cost of the automobile (with a suggested percentage, say 50% of the total operational cost of said automobile).”

Action

In consideration of submitted resolution Number 4 we comment as follows:

In as much as representatives of the Canadian Dental Association have already made a number of attempts to have the Federal Government

SUBMITTED RESOLUTIONS

consider all or part of the expense involved in the operation of an automobile by the dentist for professional purposes, as a deductible expenditure from income,

and as the Canadian Dental Association is continuing negotiations with the Federal Government in this respect, at every available opportunity,

and as some progress has been made in this matter inasmuch as it is possible for the individual dentist to obtain some consideration when professional use of his automobile can be justified.

the matter brought up in the resolution of the Prince Albert Dental Society is already under active consideration.

ADOPTED

Number 5

Alberta Dental Association — Need for Dental Personnel

“THAT the Canadian Dental Association be asked to review the need for dental personnel with regard to the beneficial effects of preventive dental programs and increased efficiency of present day treatment.”

Action

INASMUCH as the Canadian Dental Association is quite cognizant of the continuing need for increased numbers of qualified dental personnel in Canada, and the need for continuing efforts to press acceptance of proven dental public health procedures,

THEREFORE we feel there is no need for a special review of these problems at this time.

ADOPTED

ELECTIONS

MEMBERS OF NOMINATING COMMITTEE: *J. P. Whyte, Chairman, Swift Current, Sask.; A. J. Coughlan, St. John, N.B.; R. O. Winn, Kitchener, Ont.; Ex-officio, President-elect, G. M. Dewis, Halifax, N.S.*

REPORT

The work of this Committee, due to the large geographical location coverages, was of necessity, carried on by correspondence.

All Chairmen of Standing Committees were written to and asked if they would assume responsibility of the Chairmanship of their respective Committee for another year. They were also asked for any suggestions or recommendations.

All Governors were contacted. They were asked for the proposal of the names of outstanding voluntary workers for our profession in their respective provinces.

The result is we now have a roster of men across Canada who are willing to take on the responsibilities of C.D.A. Committee work.

The Nominating Committee has met since coming to Montreal and takes pleasure in submitting the following Nominations for Officers and Standing Committees for 1959.

<i>President</i>	—Geo. M. Dewis, Halifax, N.S.
<i>President-elect</i>	—W. J. Langmaid, Oshawa, Ont.
<i>Immediate Past President</i>	—A. G. Racey, Montreal, P.Q.
<i>Executive</i>	—Geo. M. Dewis, Halifax, N.S. President and Chairman
	—W. J. Langmaid, Oshawa, Ont. President-elect
	—A. G. Racey, Montreal, P.Q. Past President
	—Remy Langlois, Quebec City, P.Q.
	—J. P. Whyte, Swift Current, Sask.
	—W. G. McIntosh, Toronto, Ont.
	—James Zimmerman, Calgary, Alta.

Committees

<i>Legislation</i>	—Roy L. Currie, Ottawa, Ont. Chairman	1959
	—A. W. Grace, Ottawa, Ont.	1960
	—A. H. Crowson, Ottawa, Ont.	1961
<i>Finance</i>	—S. J. Phillips, Oshawa, Ont. Chairman	
<i>Publications</i>	—Frank Martin, Toronto, Ont. Chairman	
	—Arthur Poag, Hamilton, Ont.	
	—Mark G. Boyes, Toronto, Ont.	
	—J. D. Purves, Toronto, Ont.	
	—Armand Fortier, Montreal, P.Q.	
	—J. E. Tilson, Toronto, Ont.	
<i>Council on Dental Education</i>	—J. D. McLean, Halifax, N.S. Chairman	1961
	—Jean-Paul Lussier, Mtl. P.Q.	1961
	—R. G. Ellis, Toronto, Ont.	1960
	—Harvey Reid, Toronto, Ont.	1960
	—Wm. Miller, Vancouver, B.C.	1959
	—Jas. McCutcheon, Montreal. P.Q.	1959
<i>Dental Public Health</i>	—H. K. Brown, Ottawa, Ont. Chairman	
	—C. W. B. McPhail, Haney, B.C.	
	—E. A. White, Toronto, Ont.	
	—R. O. Brett, Regina, Sask.	
	—C. A. E. McCabe, Montreal, P.Q.	
	Provincial Representatives shall be ex-officio members.	
<i>1959 Convention</i>	—J. D. McLean, Halifax, N.S. Chairman	
<i>Ethics</i>	—J. P. McGuigan, Halifax, N.S. Chairman	
	—Carl Dexter, Halifax, N.S.	
	—H. N. B. Beach, Ottawa, Ont.	
	—R. J. McCarten, Winnipeg, Man.	

ELECTIONS

Research

—K. J. Paynter, Toronto, Ont. Chairman	1960
—Jean-Paul Lussier, Mtl, P.Q.	1959
—G. D. Scott, Toronto, Ont.	1959
—F. R. Compton, Toronto, Ont.	1959
—R. M. Grainger, Toronto, Ont.	1959
—C. Reynolds, Toronto, Ont.	1959
—W. G. McIntosh, Toronto, Ont.	1960
—H. K. Brown, Ottawa, Ont.	1960
—R. L. de C. H. Saunders, M.D. Halifax, N.S.	1960
—C. Castaldi, Edmonton, Alta.	1960
—E. M. Madlener, Toronto, Ont.	1960
—Jas. E. Anderson, M.D., Toronto, Ont.	1961
—A. E. Chegwin, Regina, Sask.	1961
—M. C. Johnson, Toronto, Ont.	1961
—Robt. Slater, M.D., Tor., Ont.	1961

Public Relations

—J. G. Chalmers, Toronto, Ont. Chairman	
—H. R. Skilling, Toronto, Ont.	
—J. H. Mullett, Toronto, Ont.	
—C. A. McLean, Toronto, Ont.	
—E. R. W. Bilkey, Toronto, Ont.	
—E. Rollaston, Toronto, Ont.	
<i>Co-opt</i> —R. R. Butler, Toronto, Ont.	
<i>Co-opt</i> —R. D. Leuty, Toronto, Ont.	

Specialists and Specialization

—M. A. Rogers, Montreal, P.Q. Chairman	
—P. J. Gitnick, Montreal, P.Q.	
—Howard T. Oliver, Montreal, P.Q.	

Auxiliary Services

—R. A. Rooney, Edmonton, Alta. Chairman	
—H. R. MacLean, Edmonton, Alta.	
—A. M. Revell, Edmonton, Alta.	
And Chairmen of Provincial Legislation Committees.	

ELECTIONS

War Memorial Award

- Louis Lepine, Montreal, P.Q.
Chairman
- A. M. Hord, Toronto, Ont.
- Morton Lang, Montreal, P.Q.
- Lesley A. Gill, Montreal, P.Q.
- Gilles Baril, Montreal, P.Q.

Nominating Committee

- A. J. Coughlan, St. John, N.B. 1959
Chairman
 - Roy O. Winn, Kitchener, Ont. 1960
 - Ex-Officio The President Elect 1961
- One member to be elected for three years.
To be nominated from the floor.

APPROVED

The Board then elected Warren J. Riley of Winnipeg, Manitoba, to the Nominating Committee for a three year term ending 1961.

SPECIAL RESOLUTIONS

MEMBERS: *Remy Langlois, Chairman, Quebec, P.Q., W. G. McIntosh, Toronto, Ont.*

REPORT

1. To the Manager and staff of the Queen Elizabeth Hotel, Montreal:
"The Board of Governors of the C.D.A. in session at the Queen Elizabeth Hotel wishes to express its thanks and appreciation for your courtesy and excellent service during the Annual Meeting."
2. Monseigneur I. Lussier, Rector of the University of Montreal:
"The Board of Governors of the C.D.A. wishes to express its appreciation for your most appropriate remarks expressed in the Invocation at its opening session, Wednesday, October 22, 1958."
3. Dr. Roger Charette, General Chairman, Convention Committee, Montreal:
"The Board of Governors of the C.D.A. wishes to congratulate you and all the members of your convention committee upon the splendid program and marvellous arrangements for the comfort and pleasure of the delegates during the Governors' meeting."
4. Ladies Convention Committee:
"The Board of Governors of the C.D.A. wishes to express to Mrs. R. Charette and her Committee its sincere thanks and appreciation for the many courtesies extended to the ladies during this meeting.
Special thanks are extended to Madame de Montigny, Madame Durand and Madame Geoffrion for the hospitality of their homes."
5. President and Mrs. Gerald Racey:
"The Board of Governors of the C.D.A. wishes to convey its sincere thanks to Dr. and Mrs. Racey for the delightful reception held at their home, and enjoyed by the delegates and their wives."
6. His Honor Sarto Fournier, Mayor of Montreal:
"The Board of Governors of the C.D.A. wishes to convey its sincere thanks and appreciation for the reception held on behalf of the C.D.A. delegates at the City Hall. The Board regrets the absence of Mayor Fournier but extends its appreciation to Dr. C. Archambault, the Acting Mayor, who received on behalf of the Mayor."
"The Boards' appreciation is also extended to Dr. J. R. Groulx, Director of the Department of Health, City of Montreal."
7. Departments of National Defence, Veterans Affairs, National Health and Welfare and Provincial Departments of Health and Welfare:
"The Board of Governors of the C.D.A. wishes to express its thanks for

SPECIAL RESOLUTIONS

your cooperation during the past year. It appreciates your courtesy in arranging for dental representatives of your departments to attend the Governors' meeting in Montreal."

8. Headquarters office staff — Miss Collins, Miss McLennan, Miss Weir and Mr. Croft:
"The Board of Governors of the C.D.A. wishes to convey to the headquarters staff its sincere thanks and appreciation for the efficient way in which they have carried out their arduous duties."
9. Gentlemen of the Press:
"The Board of Governors of the Canadian Dental Association wishes to express its thanks and appreciation for the wonderful publicity received during this meeting."
10. Radio and Television Services:
"The Board of Governors of the C.D.A. wishes to convey its appreciation to Radio and Television for their cooperation in publicizing the activities of the Annual Meeting through several Television and Radio Broadcasts."
11. Dr. D. W. Gullett, Secretary of the C.D.A.:
"The Board of Governors of the C.D.A. wishes to express its congratulations to Dr. Gullett for the distinguished honour of being the recipient of an Honorary Degree of Doctor of Dental Surgery from the University of Montreal."
12. Monseigneur I. Lussier, Rector of the University of Montreal:
"The Board of Governors of the C.D.A. further wishes to express its thanks and appreciation to Monseigneur Lussier for his part in conferring the Honorary Degree of Doctor of Dental Surgery on our Secretary, Dr. D. W. Gullett, and for the reception following this Convocation."

APPROVED

ANNUAL MEETING
of the
CANADIAN DENTAL ASSOCIATION

The Annual Luncheon of the Canadian Dental Association was held in Le Grand Salon and Salon Marquette of the Queen Elizabeth Hotel, Montreal, P.Q., commencing at 12.30 p.m., on Monday, October 27th, 1958.

The Retiring President, Dr. A. Gerald Racey, of Montreal, presided.

The Grace, by His Excellency, The Most Reverend L. P. Whelan, Auxiliary Bishop of Montreal, was followed by toasts to the Queen and to the President of the United States.

PRESIDENT RACEY: I am now going to call on Dr. John Chamard.

DR. J. M. CHAMARD: Your Excellency, Bishop Whelan: We commiserate with you in the sad event which took Cardinal Leger from us, but we are happy that you were able to take his place.

Mr. President, Honoured Guests, Members and Guests of the Canadian Dental Association: Bishop Whelan is well known to all of us but for the sake of introducing him this is not enough. I had to conduct a quiet investigation and I am happy to report that his past life is beyond reproach.

I am even happier to say that he was not born in Toronto. It happens often, too often, before Montreal audiences that an individual tries to introduce the speaker: "Our honoured guest, So-and-So, a very fine man, was born in Toronto on such-and-such a date" . . . and it is just like opening the doors of a deep freeze.

Bishop Whelan was born in Montreal and has spent most of his life here. He was a teacher at the Montreal Seminary from 1923 to 1930.

He became Vice Chancellor of the Diocese of Montreal in 1932 and Vicar General in 1940. He was appointed Auxiliary Bishop of Montreal in 1941.

By his example of self-sacrifice and devotion to the welfare of his fellow man he has become a mighty and much admired figure in these parts and throughout Canada.

Ladies and Gentlemen, it is my great pleasure to be able to introduce His Excellency, Bishop Patrick Lawrence Whelan, Auxiliary Bishop of Montreal.

(Applause.)

ADDRESS BY BISHOP WHELAN

HIS EXCELLENCY, BISHOP WHELAN: Mr. President, Honoured Guests, Officers, Members of the Executive of your Esteemed Association, My Dear Friends:

May I at once, Mr. President, tell you that I shall in no way refer to my big mouth and your Association. I wish, however, to tell you how pleased I am to be with you today and to tell you also that in humility I stand before you as a representative of His Eminence, the Cardinal, Archbishop of Montreal. He was kind enough to notify me prior to his departure for Rome and to ask me to represent him and speak in his name.

He then gave me the title of his subject but I can assure you that I cannot and I will not be able to do it justice. It is called "The Professional Conscience". However, I wish that you will bear with me during these short minutes in which I shall speak to you and I do hope that I shall be of some service to you.

(Above repeated in French)

Mr. President, there are three types of luncheon speakers. You have the straight shooter. That is the man who takes his notes and holds them in his hand and as he is finished with one sheet he puts it aside and as you look in his left hand you know when he is going to finish.

The second type is more insidious. That is the man who is called the double crosser. He is the man who takes his notes and as he is finished with one sheet he puts it aside and when you think he is finished he picks the whole bunch up again and turns it and starts all over again on the other side.

The next type of speaker is still worse because he has his notes and as he reads them, instead of putting them aside he puts them one under the other and you never know when he is going to finish.

Now, after I am through with this short conference you can give me whatever name you like because I have just one little sheet of paper, but it is written on both sides.

Ladies and Gentlemen, I would like to talk to you about your conscience and happiness. It is not going to be a philosophical theme. It is not going to be highly developed, but I think that as a priest or as a doctor we should often think about our professional conscience.

I don't want to get into your own personal conscience, that is something between you and the Good Lord, but there is such a thing as a professional conscience for a priest as well as for a doctor or a dentist, and when we look at the bewildering complexity of man's work and the manifold motives that drive him to work, we cannot help asking what inner compulsion moved man to his labours.

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Does man really work just to eat, to have a roof over his head? Beneath all the desires that each and every one of us has, there is one in which there is unity and meaning, that is the search for happiness. All of us, it matters not who we are, are searching for happiness.

A little boy with his nose pressed against the window pane of a pet shop isn't really looking for a puppy dog. He is seeking happiness.

The miner in the bowels of the earth is not just digging coal. He is searching for happiness.

So all of us meet on a common ground — the little girl on the merry-go-round, the jet pilot in the air, the great banker chartering the domain of finance, the doctor in his office, the dentist with his patient, the lawyer with his client.

So there is a search for happiness. The only trouble is — the tragic thing is — that man is not only not capable of seeking happiness, he is able to do it. Sometimes he looks for it in the wrong place.

So when you consider your esteemed profession, immediately there is that relation between the patient and the dentist and, as a priest, the penitent or the person who wishes for advice and the priest.

Now, once a year a priest goes into retreat and, personally, I may say that one day out of those seven days is concerned with the relations between the priest and the persons whom he serves.

So this luncheon can be a ten minute retreat between the dentist and the patient.

Now, there are a lot of virtues that you have — a lot of virtues that I haven't got — but I think that there are four virtues that can be exemplified in your life, and you have done so very well that your profession is looked upon as one of the great and leading professions in the world.

Those virtues are, first, the virtue of justice. I won't talk here about that because you are all just men.

The other one is the virtue of prudence, and I will not talk about that. You are all prudent men in your relations with your patients.

The third is the virtue of patience and sometimes I am the most impatient person in the world and so you at times may be overcome by the antics of your own patients, and so patients (ts), and patience (ce) must be considered in your life.

I know it is a hard thing, a difficult task, to be patient in the presence of aggravating persons, but in the long run it will pay you off in your own conscience.

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The important and great virtue is the one in which I am most remiss and I hope I shall by my omissions be able to help you in your possible commissions. That is the virtue of Charity. I don't mean giving to the federation of Catholic Charities which is having its final drive at the present time. I do mean kindness and goodness to your patients.

I have been in administration for twenty-six years. I can frankly tell you that I know practically all the answers. And you have been in your honourable and esteemed profession for many years; you know practically all the answers. But when a man or a woman comes to me or to you, it is possible that that is the most important thing that has happened in his or her life. To you it is routine; to me it is routine. But to the patient it is one of the most important things in his or her life, and despite the fact that you have been tempted to put a number on a patient, I would suggest that you look into your professional conscience and ask yourself if you have considered the patient as such and not only as a number of teeth or a wide open mouth.

So those are the virtues which I think can be linked with the search for happiness in your life. That happiness will come to you in a very, very strange way.

You know at Christmas you receive a box, and it is marked, "Do Not Open Until Christmas". On the left hand side you see the name of the sender. On the right hand side at the bottom is your name, and between the sender and you there is already a bond of love. You know he wouldn't send you a gift if he didn't like you, if he didn't love you. And even if you think it is a tie from Aunt Minnie or something that you really don't want, nevertheless it is something that has had the touch of love.

So you wait until Christmas and when you open it sometimes you are very much surprised.

So it is the same with your kindness and your charity and your love for your patients.

Throughout your life you will receive that constant package of affection from God Himself in the name of the patients whom you serve, and if you look closely at the box you will see, "Do Not Open Until Eternity". God bless you!

(Applause.)

PRESIDENT RACEY: Thank you very much, Your Excellency. These words we should all take back with us and think about seriously.

At this moment I am going to call on Dr. Gerard de Montigny to say a few words.

DR. de MONTIGNY: M. le Président, Excellence: Acceptez les remerciements de toute la profession dentaire de l'Océan Pacifique à l'Océan Atlantique pour les paroles que vous venez de prononcer devant elle.

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Les sentiments que vous avez exprimés, Excellence, auront une répercussion profonde sur le comportement social et professionnel des dentistes du Canada, car vous avez ici devant vous l'élite de l'Association dentaire Canadienne et cette élite exerce dans son milieu une influence des plus bienfaisantes.

Et veuillez transmettre à son Eminence le Cardinal Paul-Emile Léger, nos condoléances les plus sincères pour le grand deuil qui vient de frapper l'église catholique.

Nous nous associons, par la pensée à son Eminence, dans le choix qu'elle doit faire à Rome, d'un successeur au regretté Pie 12. Encore une fois, Excellence, nous vous remercions, pour votre allocution et pour nous avoir consacré quelques minutes de votre temps si précieux.

(Applause.)

PRESIDENT RACEY: Thank you so much, Dr. de Montigny.

At this particular time we are not too far from adjourning this particular part of this meeting. However, I have a few words to say. If I could do this as well as His Excellency, or even as well as Dr. de Montigny, you might be able to understand me.

(Remarks in French)

I will now try it in English.

In a few minutes I shall have the privilege of expressing to you the official welcome of the Canadian Dental Association. However, I at this moment wish to convey my own personal welcome. This Luncheon has been a most happy occasion.

Incidentally, the thought has just come to me—I don't know where from—that I am a sneak or a snake in the grass by having these papers in front of me.

For your direction, I would like to inform you that the Annual Meeting of your Association will take place immediately upon the adjournment of this meeting, and I would ask you to proceed immediately to that meeting. The time element is so important and we have some further very important and interesting things to present to you. This will be carried on in the MacKenzie Room and I am sure that you appreciate the expediency of helping us out by going immediately.

Thank you, Ladies and Gentlemen.

(Luncheon Session adjourned)

BUSINESS SESSION

PRESIDENT RACEY: Ladies and Gentlemen: First I wish to say that it is an exceptional pleasure to welcome you to this Convention being held in the City where our Association was founded some fifty-six years ago, and also

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have the opportunity of receiving you in the beautiful surroundings of this fine new hotel.

Your participation in the scientific and recreational aspects of the program which has been prepared for you will, I am sure, make your visit a most pleasant one.

It is a very great personal pleasure and a great privilege to now introduce to you a man who is bringing greetings from the Association that is probably closest to us. I would now call upon Dr. Percy T. Phillips to bring the Greetings from the American Dental Association.

(Applause.)

GREETINGS FROM A.D.A.

DR. PERCY T. PHILLIPS: Mr. Chairman, Honoured Guests, Officers and Members of the Canadian Dental Association, Ladies and Gentlemen: My Peg and I are very grateful for having had the opportunity of visiting with you here on the occasion of this Fifty-Sixth Annual Meeting, and to share with you initially this very wonderful hotel in the wonderful old City of Montreal.

It is a distinct privilege for me to bring to you and your Association the greetings of the officers and directors of the American Dental Association and to wish you a most successful meeting which, if what you have been pleased to state so far is true, is going to be an exceptional one.

I feel I would be remiss, however, if I did not tell you that just last Friday I had a telephone conversation with the President of the American Dental Association, Dr. Alstadt, from Little Rock, and Dr. Alstadt asked me in particular if I would convey to you his very heartiest felicitations and his regret that commitments made some time ago prevented him from being here to represent the American Dental Association.

American Dentistry and Canadian Dentistry are so close for many different reasons. Culturally, our background and our inter-relationship, one to the other, make us have many, many things in common and we have many, many problems in common. The problems that you have today become our problems tomorrow and the problems that we have today become your problems tomorrow, and each of us manages to throw in a few little separate problems of our own to complicate the situation.

I would like to take the time to tell you some of these but I know this meeting is very crowded and the time is limited, so I am going to forego that.

But I do want to tell you, the members of the Canadian Dental Association, how much the American Dental Association appreciates the cooperation and the splendid relationship that exists between our groups. The central offices of both Associations have almost, you might say, a direct wire. That is

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good. It is good for Dentistry and it is good for the people we serve and we in the States are particularly happy and pleased to note that at the recent election of the Federation Dentaire Internationale, your Secretary, Dr. Gullett, was elected to the Council, because that means that we are going to have leadership and direction in the Council which is in keeping with the thoughts that we have here on this particular continent. So that is particularly pleasing to us and of course it is a great satisfaction to me to know that also your Secretary has been selected as one of the dentists on the Commission for the Survey of American Dentistry which is being done by the American Council on Dental Education, because we know — and I should know because I have sat with him on these meetings — he is lending a tremendous amount of aid to it. So we are very grateful for your contributions on our behalf.

I know with a few of the ladies here that it would be a good time for me to get a little plug in for what is coming next year in 1959. The American Dental Association celebrates its Centennial in August of 1959. In a little city just south of the invisible border, which we know as Niagara Falls, the American Dental Association was born, and next year in 1959 in New York City, my own home town, we celebrate our Centennial and we are looking forward with a great deal of enthusiasm to this meeting. We expect a tremendous crowd.

We also know there is going to be participation of the Federation Dentaire Internationale.

We think the preliminary planning indicates not only an exceptional scientific meeting for you, but also we are going to have splendid entertainment.

So I hope to have the opportunity of greeting you all at our Centennial Meeting in 1959.

It is a great pleasure to be with you. Thank you, very kindly.

(Applause.)

PRESIDENT RACEY: Thank you, Dr. Phillips, and thank you particularly for being with us here today and for the greetings that you convey from the American Dental Association. The close ties which our countries and associations enjoy I am sure are built from mutual regard and respect and because we share the same interests and responsibilities.

May I ask you on your return home to take with you our sincere best wishes to the American Dental Association.

(Applause.)

Ladies and Gentlemen, according to the custom and law of our Association, there comes a time in the proceedings of each Annual Meeting when the

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President is required to present himself and give a report on activities which have taken place during his tenure of office.

Now, I don't want you all to leave now, but this moment has arrived.

PRESIDENT'S ADDRESS

From a personal standpoint the outstanding activity of the past year was the opportunity afforded me to visit a great number of you during my Eastern and Western tours of the country. Everywhere was displayed the utmost in hospitality and thoughtfulness, and it will always remain as one of the most pleasant experiences which good fortune destined for me. The interest and the enthusiasm shown by my confreres for the Association in all parts of the country was most stimulating and I am more convinced than ever that our profession stands in high esteem not only because of what it signifies but because of the individuals who form its ranks.

The past few days have been devoted to the consideration of the reports and recommendations of our various committees as well as to other business of the Association, details of which will be presented to you in due course for your examination.

I am very pleased to report that a most important activity of your Association, which has been of a continuing nature over many years, has now been completed in what we believe is a very satisfactory manner. I speak of the events which led up to, and finally culminated in the Canadian Dental Association Registered Retirement Savings Plan. Only those familiar with the circumstances can really appreciate the efforts put forth during the past eight years by those conducting the business of the Association, to secure for the profession deductions from income tax for the purpose of making payments to a retirement savings plan. To these men we should be ever grateful for the effectiveness of their endeavours, for they played a major role in convincing the federal authorities that this concession should be granted.

Following this, your present Executive Committee had the duty of formulating the Plan, which was done after a great deal of thought and with the advice of an independent firm of economists. This Plan has now been presented to you and we feel it to be a most advantageous one, embracing an element of flexibility which may be readily adjusted to suit individual requirements.

Excellent progress can be reported in the field of Dental Education. Teaching facilities have been increased and enhanced. The new faculty at the University of Manitoba has this fall accepted its first class of dental students. The fine new Dentistry Building at Dalhousie University was officially opened last month. I had the privilege of representing the Association at that time and also the pleasure of witnessing three of our outstanding members in the persons of Dr. Don W. Gullett, Dr. A. J. Coughlan and Dr. Ernest Charron

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being invested with honorary degrees during the ceremonies. The cornerstone of the University of Toronto's new building was laid last July 29th. And plans are well advanced, if not already underway, for a considerable expansion of accommodations and facilities at the University of Alberta.

The series of conferences on teaching methods instituted by the Council on Dental Education, with the financial support of the Kellogg Foundation, were completed this year. These conferences were most enthusiastically received by the teaching personnel in all the faculties and I am glad to report that this important activity is being continued.

I have the pleasure to announce at this time the names of the winners of the War Memorial Award essays. They are:

1st Prize: Jack G. Dale, University of Toronto

2nd Prize: Paul R. Shunock, University of Toronto

Honorable Mention: E. V. Dolinsky, University of Alberta

To these men we offer our heartiest congratulations, and to the judges, our sincere appreciation for a difficult task well done.

Considerable activity is taking place in the field of health insurance. As we are rapidly approaching the final phase of the apparent 'step by step' policy of the federal government to introduce full-scale health insurance your Committee concerned with this matter has been actively engaged in studying and formulating ways and means to assist and guide the profession in providing maximum dental care for the people of this country, while at the same time maintaining a quality of service and economic arrangements which would be just and fair to all concerned. This being an age of considerable wealth in our country, it has enabled the progress and development of the professions as never before but it also has led to the initiation and development of collective action in the field of health services which must obviously be the deep concern of all professional men.

During the meeting of the Board of Governors just completed a more than usual amount of interest was taken in the question of establishment of dental service corporations, particularly due to the fact that such corporations will be implemented in three provinces on January 1st of the coming year.

The information brought back to us by the Secretary from his European tour in the summer of 1957 has been of inestimable value in our consideration of health insurance matters.

Continuing to be of very disturbing nature is the ever-increasing pressure being exerted by non-professional groups in a number of the provinces to secure legislation enabling them by law to practise certain phases of our profession. The past year has been one which has demonstrated a much greater evidence of this relentless activity. Despite the fact that up to the present these pressures have been successfully turned aside, it affords only a

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breathing spell, for it is anticipated that there will be strongly renewed efforts to obtain this unfavourable legislation. Only by strong leadership and constant vigilance can we hope to combat this ever-increasing danger.

At this point I wish to express on your behalf both 'farewell' and 'welcome'. To Dr. Wesley Dunn, the retiring Editor of our Journal I wish to convey our appreciation and gratitude for the years of faithful and effective service he has given the Association. Under his editorship our Journal has attained a position of prominence enjoying world-wide recognition.

To Dr. E. R. Bilkey I take great pleasure in expressing our welcome as the new Editor. To him I can assure our fullest cooperation at all times in carrying out the important duties of his new position.

Another sincere welcome is extended to Mr. Kenneth Croft, whose services we had the good fortune to secure as Deputy Secretary.

To the Dental Association of the Province of Quebec and the Montreal Dental Club we wish to acknowledge with sincere thanks their courtesy in suspending their annual meetings in order to combine their efforts for this National Convention.

The fluoridation picture continues to improve and we are slowly but surely being permitted to give the population of this country that public health benefit which so rightly belongs to them. The latest statistics show that approximately 1 million Canadian people are now enjoying the advantages of the public health measure of having the water that they drink adjusted to the proper fluoride content. In spite of this improvement, however, our professional duty still remains one of intensive public education pertaining to this important procedure.

Throughout the ages a single constant factor has been present and that has been 'change'. During certain periods in history it has been considerably retarded while in other periods it has shown great acceleration. The past half-century has shown the greatest rapidity of change in the history of mankind. The professions being an integral part of this present dynamic social order have adopted, and must continue to adopt and apply, philosophies commensurate with the times in which we live. During the past fifty-year period of which I speak, the dentist has evolved from the status of craftsman to one of a highly specialized, well-educated member of the health services. His technical skills have been expanded and his educational background and scientific knowledge considerably advanced to keep pace with developments in other health professions. In other words, his professional competence has been maintained to parallel other health services. But is this enough? During this same space of time social, economic and political conditions have also shown radical changes which he must accept and to which he must adapt himself; for the practise of dentistry or medicine cannot be isolated from social and human aspects of life.

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Our relations with the public and our appreciation of the affairs of our respective communities must continue to be a consideration of paramount importance in our daily activities; for although broader services can now be offered by the professions and although the public trust has been upheld, nevertheless this has not in any way decreased our responsibilities; rather this has increased the rights and expectations of the public to professional service. What we as individuals do to help in solving social and civic problems as well as our professional proficiency is the basis upon which we must be judged.

In closing I wish to express my sincere thanks for the honour you bestowed upon me when I became President of this Association. It has been a most happy and stimulating experience.

HONORARY MEMBERSHIP

PRESIDENT RACEY: Fortunately, all the duties which fall to the lot of the President do not entail the worries of responsibility, for spiced with these are activities which are most pleasant. A duty which gives me more than considerable pleasure at this time is to present to Dr. George Guelph Armitage, Honorary Life Membership in the Canadian Dental Association.

Dr. Armitage was born in Sherbrooke, Quebec, where he received his early education. While a dental student he indentured with Dr. G. E. Hyndman and Dr. F. H. Bradley in Sherbrooke, and upon graduation from the University of Bishop's College in 1905 he obtained his licensure in Dental Surgery. Since that time he has practised in Montreal.

In 1926 Dr. Armitage was elected to the Board of Governors of the College of Dental Surgeons of the Province of Quebec and served as President of that body from 1934-36. From the time of his first election in 1926 he has served continuously, being re-elected thirteen times. In 1936 he was delegated by the Board to represent them at the British Dental Association Convention in London, England.

For 27 years he held the appointment of attending Dental Surgeon to the Shriners' Hospital in Montreal.

In recognition of his services and devotion to the profession, Dr. Armitage had the degree of Doctor of Dental Surgery (*honoris causa*) conferred upon him by McGill University in 1946.

He is a Past President of the Montreal Dental Club and a Past Master of both the Ionic Lodge and the Royal Albert Lodge G.R.Q., as well as a member of the Scottish Rite.

In civic affairs he has also shown considerable interest, being elected to the Council of the Town of Montreal West in 1933, where he served for eight years as Commissioner in charge of the Police and Fire Department.

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Dr. Armitage, it is my privilege as well as a great personal pleasure to present to you the highest honour that the Canadian Dental Association can bestow, that is, Honorary Life Membership.

(Life Membership Certificate presented to Dr. Armitage.)

(Applause.)

DR. ARMITAGE: Mr. President, Ladies and Gentlemen, My Confreres: I come to you, as you see, without even a piece of paper.

I was rather interested a little while ago to hear Bishop Whelan tell you there are three types of speakers. There is a fourth, that is the one who has nothing to come before you with except his appreciation, which I can express without a piece of paper, for the honour you have done me today.

As I look back over the past I see others, many others, who have done more for the profession, as far as I am concerned, than I have done, but if I have devoted a little extra time to doing something worth while, I have done it because I wanted to do it. I felt it was my duty, and if it was a little more than duty, I really appreciate the fact of your recognizing it.

I thank you so much for what you have done for me. I don't feel that I deserve it. At the same time if it comes my way I am quite sure others who have been associated with me will appreciate it just as much as I have.

(Remarks repeated in French)

(Applause.)

PRESENTATIONS TO BRIG. WANSBROUGH

PRESIDENT RACEY: I now have a further most pleasant duty to perform and that is to present a small gift to one who has shown such great devotion to his country, his profession, and to this Association.

This small document represents an expression of our respect and regard for the splendid contribution of Brigadier Wansbrough in the chosen field of his profession, and with it also go our sincere wishes for a full and happy life following his retirement from the post of Director General of Dental Services, where he has served with such distinction.

(A silver salver presented to Brigadier Wansbrough by President Racey.)

(Applause.)

DR. D. W. HENRY: Mr. Chairman, Ladies and Gentlemen: I feel I have been honoured and I may say I am very pleased to have been chosen to make this next presentation. This presentation is a twofold gift, we might say, in that it is to mark the culmination, so to speak, of the effort that the Canadian Dental Association has made toward military dentistry in Canada.

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We hope that this effort that the Canadian Dental Association has made will continue.

Secondly, it is a personal note of regard for our esteemed Director General of Dental Services of the Royal Canadian Dental Corps.

Would you therefore, Sir, on behalf of the donors, accept this painting which we hope will be hung in the Royal Canadian Dental Corps school in Borden.

(Applause.)

BRIGADIER WANSBROUGH: Mr. President, Ladies and Gentlemen: These presentations have sort of overwhelmed me, because as you know, I am usually on the other end of presentations to the assembled multitude, and if I am remiss in thanking you, it is simply because I haven't got words at the moment.

The Canadian Dental Association started its interest in military dentistry fifty-six years ago in the city of Montreal. In 1902, I am given to understand, they passed the following resolution:

"Resolved that the members of the Canadian Dental Association favour the adoption by the Militia Department for a regular army dental staff which shall be a distinct branch of the service, the members of which shall hold rank as do the general surgeons and for the attainment of this end that a general committee be appointed."

And as usual at the C.D.A. from time to time they appointed a committee which was composed of members from every province, members from every dental society in the provinces. If the province had several dental societies they were all entitled to membership, and apparently the committee was so cumbersome that when it marched on Ottawa they didn't pay any attention to it. At least that is what history tells us.

But from time to time since they have always been interested in military dentistry and before the last war representations were made from time to time. Since I did not serve in Ottawa during the war I know nothing of what happened during the war, but I may say since 1946 when I assumed the general direction of Dental Services, I have always had one hundred per cent cooperation, and more than cooperation. I have had a Board of Governors and Executive of the Canadian Dental Association very willing and anxious to render me and to give me all the support that it was possible for them to give, and I appreciate it immensely.

I haven't done anything for the C.D.A. I have never been an Officer. From time to time I have sent out letters and told my officers they perhaps should pay their fees, but otherwise, my contribution has been limited to attending as a member from time to time the meetings and the annual conventions. Therefore, I appreciate immensely what you have given me today.

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With regard to the portrait, I am also very grateful to the donors and I thank them sincerely. It is amazing what a good artist like Miss Edwards can do with the subject in hand and I am assured by the Director General of Dental Services, Brigadier Baird, that as of next Saturday he is going to give it a place of honour and as long as I am around I hope to see it reposing in our school at Camp Borden.

Thank you very much, Ladies and Gentlemen.

(Applause.)

PRESENTATION TO DR. CHARRON

PRESIDENT RACEY: Now at this time I have nothing prepared except a great many memories over a great number of years — a great number of reminiscences, shall I say.

When I was a young man starting out in my professional career I had a number of people that were great people to encourage and advise me. In fact, one of the first pieces of advice that I ever got, and it is very good advice, was that at the first meeting I went to in New York City. It happened that Ernie Charron also attended the same meeting. Now, I am not going to tell you everything I know about Ernie Charron. I promised him I wouldn't, but the things that he has told me and that have helped me are things I definitely want to say a few words about.

Ernie Charron and I like to talk and sometimes we talk and talk and talk and it gets to be kind of early in the morning.

At this first meeting in New York we finally got to bed about five or six o'clock in the morning. We were both required to be at another meeting at eight o'clock. At seven o'clock I was coming downstairs and Ernie Charron was coming downstairs. I said, "Ernie, how do you do it?"

He said, "Gerald, there is only one way, you have got to sleep fast."

Now, with advice like this, which was such good advice, it was a tremendous honour to me and a privilege to serve under Dean Charron for some years at the University of Montreal, and even at times of considerable discouragement, Ernie was always present with help, advice and encouragement.

He was also pretty smart — not because he employed me. But another time — and this had nothing to do with the trip to New York — we happened to be looking after a certain very prominent man who came to Montreal, and they asked us to please see that certain things were arranged for them, which we did.

However, once again we got to discussing it. The other two fellows were smart and they went to bed at two o'clock. Ernie said, "We are going home the same way. Why don't you walk out with me?"

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I said, "Sure".

Ernie only lived on the next street. When we reached his home he said, "Don't go home yet. Maybe we better discuss this problem a little further", which we did on his front steps up to about five o'clock in the morning.

Now, I am not telling anything out of school. It was up to about five o'clock. Fortunately, we had nice weather. Finally, at five-fifteen, he finally convinced me I should come in and have a drink with him, which I did.

The next morning I didn't appear at the office very early, but Ernie Charron, having experience, was ready. In the Drummond Medical Building he arrived downstairs at the garage where he leaves his car, and who do you think he met? My wife. Ernie — at eight o'clock in the morning. Ernie is smart. He doesn't say, "Everything is terrible". All he says is, "What is the best news?"

Now, getting a little bit away from this part, there is no man that has done more for dental education in the Province of Quebec, and has been a greater liaison officer between the French and the English speaking groups than Ernie Charron.

(Applause.)

And it is with considerable pleasure that I have the privilege, Sir, of presenting you with this portrait.

(Applause.)

DR. CHARRON: Mr. President, Ladies and Gentlemen, my dear Colleagues: Mr. President made a synopsis of different circumstances in which we had the occasion to meet. He said the truth — the truth. But there is one thing that I am convinced of. I had a remarkable disciple.

So what can I say but thank him for his friendship and for all the kind remarks that have been said about me. I don't deserve that. I just simply have been the captain of a team that gave me their full confidence and cooperation and we tried the best we could to attain a certain name. We have, more or less, but just imagine if I had not had the confidence, the full cooperation of everybody, of the C.D.A. which did so very much for us, the Board of Governors, the authorities of the University. And it would be easy for me, having the colleagues that I had, to draw plans. Drawing plans on paper is rather easy but the application is not quite so easy.

Therefore, who did the execution of that work? Who did it anyway? It was my colleagues.

Therefore, Mr. Chairman, Mr. President, I know very well — I am sincerely convinced — that this testimony today is offered to me but it is not for me, personally, but to my colleagues who have accomplished the little we have done. Thank you all. I thank you all.

(Applause.)

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INSTALLATION OF NEW PRESIDENT

PRESIDENT RACEY: At this time I will turn the meeting over to Dr. Al. Coughlan, our Installing Officer for this year.

DR. COUGHLAN: Mr. President, Distinguished Guests, Ladies and Gentlemen:

Our Annual Meeting has many purposes and highlights not the least of which is the installing of a new President for the coming year.

This is the pleasant task which has been assigned to me and it is a pleasant task for I have the honour to present to this organization a man whose services to his profession have been both long and generous, a man whose capabilities have been proven at practically all levels of organized Dentistry.

He brings with him to this exalted office a wealth of experience, sound administrative ability and able leadership. He comes from the Province of Nova Scotia, a Province which has given to our Association men of talent and initiative and men who have been responsible in no small way for its growth and progress.

He is George Murray Dewis, of Halifax, Nova Scotia.

George was born in Boston of Canadian parents, and received his early education in Shubenacadie and Colchester Academy, Truro, N.S. He studied Dentistry at Dalhousie University and graduated in 1928.

Some few years later he was made President of the Halifax Dental Society.

In 1935 he was elected to the Provincial Dental Board of Nova Scotia and since 1941 has been Secretary-Registrar.

He was oral examiner for the D.D.C. and later held the same office with the National Examining Board.

He has been a member of the teaching staff of the Faculty of Dentistry at Dalhousie University and is at present Professor of Prosthodontics in that same institution.

He has been a member of the Board of Governors since 1951.

This is the fine record of your incoming President, and it bears out the statement which I made earlier that his services to his profession have been both long and generous.

And now, Dr. Dewis, I have the enviable honour of installing you President of the Canadian Dental Association — our Profession's highest award — and on behalf of our membership, offer you congratulations and best wishes for a most successful and fruitful year.

(Chain of office placed on Dr. Dewis by the Secretary, Dr. Gullett)

ANNUAL ASSOCIATION MEETING

Ladies and Gentlemen, may I have the honour and privilege of presenting to you Dr. George Murray Dewis, President of the Canadian Dental Association.

(Applause.)

PRESIDENT-ELECT DEWIS: Mr. President, Distinguished Guests, Ladies and Gentlemen: In order to put you at ease I will tell you there are only two more items on this program.

First of all, I would like to extend my sincere thanks to Dr. Al. Coughlan for his presence here today in the capacity of Installing Officer.

Past Presidents are always selected to take part in this ceremony and since I come from Nova Scotia, I think it is fitting and proper that another Maritimer should participate in this ceremony, before it is too late.

You may recall in the Economic Report of the Gordon Commission it was suggested that some Maritimers may have to move away to other parts of Canada in order to earn an adequate living. I am thankful, indeed grateful, that neither Al nor myself have had to pack our bags up to the present time.

In accepting this distinguished office I do so with a sense of pride and also with humility. It is a great personal honour to me and at the same time, I fully realize that you are recognizing the Province of Nova Scotia which has taken its part in the organization and the development of the Canadian Dental Association. I accept it in humility because I fully realize my limitations.

Since becoming a member of the Board of Governors in 1950 I have come to know some of the finest and ablest men in the dental profession in this country. These men are giving of their time and their leadership for the development of this Association. To know that these men will be carrying on through the various committees and boards through the coming year will be a tower of strength to me.

Several of the Past Presidents have been most fortunate in having our Secretary, Don Gullett, at their side. If it is possible to make the load of a President any lighter, can you suggest any person who can make it lighter than he? I am glad to know that I can have Don at my side for guidance and help.

As has been said here before today, the C.D.A. had its beginning in this City of Montreal, fifty-six years ago, and the thought occurred to me if the founders could have come back to this meeting today and seen the growth that has taken place, I am sure they would have felt that their efforts were well rewarded.

Right now I would like to congratulate all the committee who have been responsible for putting up this Convention. Your hospitality and courtesies have been all that one could even hope for.

ANNUAL ASSOCIATION MEETING

In 1959 the C.D.A. will be meeting in Nova Scotia. The last meeting held there was in 1946 at the Pines Hotel. Holding meetings at summer resort hotels is not without its problems and difficulties. Nevertheless, all the reports we received respecting that meeting were very favourable. Next year we will be meeting in Halifax, June 21st to June 24th. The month of June is an ideal time to spend a holiday in this part of Canada and we feel that we have much to offer you. It will afford you an opportunity to combine the convention and a holiday.

To those of you who have visited us before we say, come again, and to those of you who have never visited us, we say, welcome.

Just before I sit down I am going to ask my wife to stand up, that you may know her.

(Applause.)

And don't be too concerned if you can't remember all these people because there are four or five I don't know myself.

My term as your President will be much shorter than my predecessor. He has been in office sixteen months. I shall be there approximately eight. If we don't accomplish as much as you think we should, I hope you will be charitable enough to say we lacked sufficient time. I think that all any organization can ask of its President is that he give of his best. That I am prepared to do.

Once again, my sincere thanks for honouring me as you have.

(Applause.)

Dr. Charron would like one word, please.

DR. CHARRON: I beg to be excused. Emotion has come upon me and I forgot to thank all those who contributed to this remarkable gift which I will leave to our Faculty, if my Dean wishes to have it. Thank you.

(Applause.)

PRESENTATIONS TO PRESIDENT

DR. COUGHLAN: Mr. President, Distinguished Guests, Ladies and Gentlemen:

I have another pleasant duty to perform, one which I feel belongs to each and every member of the Canadian Dental Association, and that is to express to Dr. Gerald Racey gratitude and appreciation for the earnest and painstaking services he has rendered our Association during the past year.

Highly qualified and ably fitted to hold down this office which he will soon be relinquishing, he has given to our organization leadership and understanding.

ANNUAL ASSOCIATION MEETING

His broad knowledge of dental affairs aided by an excellent scholastic background, has made us partakers of his wise counsel and sound judgment for which we are greatly indebted.

The past year, Gerry, has no doubt been a very strenuous one, combining the many demands of the Presidential office with your numerous professional interests; yet I am sure you will long treasure its happy memories for years to come.

And now may I present to you, Dr. Racey, the Past President's Jewel, that emblem of merit as well as retirement. I congratulate you and I trust that your interest may long continue for the welfare and advancement of our Association.

(Past President's Jewel presented to Dr. Racey)

In the life of the President of our Association there is another person who plays an important and helpful role. That person is his wife.

Mrs. Racey, would you please stand for a moment.

(Applause.)

Phyllis, in recognition of that splendid help and assistance and as a memento of this occasion, I would ask you to accept these roses, with our grateful thanks.

(Red roses presented to Mrs. Racey)

(Applause.)

And now, Gerry, with the burden of the Presidential office soon to be lifted from your shoulders, may I present to you and Mrs. Racey this tray as a token of our esteem and affection, and may it ever serve as a frequent reminder of the many friends made and work well done, and with it also go the good wishes of our entire membership.

(Silver tray presented to Dr. Racey)

(Applause.)

PRESIDENT RACEY: Thank you so much everybody. And thank you all for your very kind words.

For Phyllis and myself, I just want to say thanks. It is so wonderful to have been able to serve in a capacity which was certainly done, I assure you, to the best of my ability, and it is particularly wonderful to have this beautiful gift as a tangible reminder of the year as President, the many years that I have enjoyed serving, and we will always have it to look to and to remind us of you good people. I want to say again, thank you very much.

I now declare the Fifty-Seventh Annual Meeting of the Canadian Dental Association adjourned.

(Adjournment at 3.30 p.m.)

TRANSACTIONS

2

OF THE CANADIAN DENTAL ASSOCIATION

DENTAL LIBRARY
TORONTO



ANNUAL MEETING
HALIFAX, NOVA SCOTIA
JUNE 17 - 20, 1959

**TRANSACTIONS
OF THE
CANADIAN DENTAL
ASSOCIATION**



**ANNUAL MEETING
HALIFAX, NOVA SCOTIA
JUNE 17th - 20th, 1959**

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OFFICIALS

1958 - 1959

(For 1959-60 Officials see Elections, page 201)

Officers

<i>President</i>	-	-	-	-	-	G. M. DEWIS, Halifax, N.S.
<i>Immediate Past President</i>	-	-	-	-	-	A. G. RACEY, Montreal, P.Q.
<i>President-elect</i>	-	-	-	-	-	W. J. LANGMAID, Oshawa, Ont.
<i>Secretary-Treasurer</i>	-	-	-	-	-	D. W. GULLETT, Toronto, Ont.

Executive

G. M. DEWIS,	W. J. LANGMAID,	A. G. RACEY,	R. LANGLOIS
J. P. WHYTE	W. G. McINTOSH	J. ZIMMERMAN	

Board of Governors

WM. MILLER	-	-	-	-	-	612 Birks Bldg., Vancouver, B.C.
J. ZIMMERMAN	-	-	-	-	-	810 Greyhound Bldg., Calgary, Alta.
J. P. WHYTE	-	-	-	-	-	Swift Current, Saskatchewan
W. J. RILEY	-	-	-	-	-	505 Medical Arts Bldg., Winnipeg, Man.
J. P. COUPLAND	-	-	-	-	-	142 Laurier Ave. W., Ottawa, Ont.
M. V. J. KEENAN	-	-	-	-	-	7 Cedar Street, Sudbury, Ont.
W. G. McINTOSH	-	-	-	-	-	170 St. George St., Toronto, Ont.
L. M. GROSE	-	-	-	-	-	1184 Danforth Ave., Toronto, Ont.
A. H. LECKIE	-	-	-	-	-	606 Medical Arts Bldg., Hamilton, Ont.
R. LANGLOIS	-	-	-	-	-	401 Grande Allee E., Quebec, P.Q.
J. M. CHAMARD	-	-	-	-	-	1509 Sherbrooke St. W., Montreal, P.Q.
R. M. LEBLANC	-	-	-	-	-	151 King St. W., Sherbrooke, P.Q.
W. B. O'BRIEN	-	-	-	-	-	366 Queen St., Fredericton, N.B.
P. S. CHRISTIE	-	-	-	-	-	216 Spring Garden Rd., Halifax, N.S.
J. D. REDDIN	-	-	-	-	-	Mount Stewart, P.E.I.
J. M. DARCY	-	-	-	-	-	T. A. Bldg., Duckworth St., St. John's, Newfoundland.

ATTENDANCE AT BOARD OF GOVERNORS' MEETING

Halifax, N.S., June 17 - 20, 1959

	1st Ses. June 17 10.30 a.m.	2nd Ses. June 18 2 p.m.	3rd Ses. June 19 9 a.m.	4th Ses. June 19 2 p.m.	5th Ses. June 20 9 a.m.	6th Ses. June 20 2 p.m.
<i>Board of Governors:</i>						
Chamard, J. M.	v	v	v	v	v	v
Christie, P. S.	v	v	v	v	v	v
Coupland, J. P.	v	v	v	v	v	v
Darcy, J. M.	v	v	v	v	v	v
Dewis, G. M.	v	v	v	v	v	v
Grose, L. M.	v	v	v	v	v	v
Keenan, M. V. J.	v	v	v	v	v	v
Langlois, R.	v	v	v	v	v	-
Le Blanc, R. M.	v	v	v	v	v	v
Leckie, A. H.	v	v	v	v	v	v
McIntosh, W. G.	v	v	v	v	v	v
Miller, W.	v	v	v	v	v	v
O'Brien, W. B.	v	v	v	v	v	v
Racey, A. G.	v	v	v	v	v	v
Reddin, J. D.	v	v	v	v	v	v
Riley, W. J.	v	v	v	v	v	v
Whyte, J. P.	v	v	v	v	v	v
Zimmerman, J.	v	v	v	v	v	-
Gullett, D. W., Sec'y	v	v	v	v	v	v

Committee Chairmen:

Anderson, P. G.	v	v	v	v	v	v
Brown, H. K.	v	v	v	v	v	v
Chalmers, J. G.	v	v	v	v	v	v
Cline, H. M.	v	v	v	v	v	v
Coughlan, A. J.	v	v	v	v	v	v
Currie, R. L.	v	v	v	v	v	v
Lepine, L.	v	v	v	v	v	v
McGuigan, J. P.	-	v	v	v	v	v
McLean, J. D.	v	v	v	v	v	v
Paynter, K. J.	v	v	v	v	v	v
Phillips, S. J.	v	v	v	v	v	v
Rogers, M. A.	v	v	v	v	v	v
Tanner, D. M.	v	v	v	v	v	v

Editors:

Bilkey, E. R.	v	v	v	v	v	v
de Montigny, G.	v	v	v	v	v	v

ATTENDANCE AT BOARD OF GOVERNORS' MEETING

Halifax, N.S., June 17 - 20, 1959

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<i>Members:</i>						
Bagnall, J. S.	-	v	-	-	v	v
Bingham, R. H.	v	v	v	v	v	v
Coleman, W. B.	-	-	-	-	v	v
Dawson, W. G.	v	-	v	v	v	v
Downton, R. A.	-	-	-	-	-	v
Dunn, W. J.	v	v	v	v	v	v
Ervin, A. H.	-	v	v	v	v	v
Faulkner, G. H.	-	-	-	v	-	v
Forest, D.	-	-	v	v	v	v
Hann, H. J.	-	v	-	v	v	v
Hoffman, A. E.	-	v	-	v	v	v
Kavanagh, E. P.	-	v	-	v	v	v
Kerr, K. M.	-	-	-	v	v	-
Kilburn, L. A.	v	-	v	v	v	v
Kohli, F. A.	v	-	v	v	v	v
Lachapelle, J. P.	v	v	v	v	v	v
Langstroth, R. S.	v	-	v	v	-	-
MacConnachie, H. J.	-	v	-	v	-	v
Macneil, W. H.	-	v	v	v	-	-
McCaffery, H. M.	-	v	-	-	v	-
Neilson, J. W.	-	-	-	-	-	v
Popovitch, F.	-	-	-	-	v	v
White, E. A.	-	-	-	-	v	v
Windsor, R. V.	-	-	-	-	-	v

FOREWORD

This publication contains a record of the business transacted at the 58th Annual Meeting of the Canadian Dental Association, held at Halifax from June 17th to 20th, 1959.

At annual meetings of the Board of Governors, reports are first referred to reference committees for study. Chairmen of these reference committees report their findings to the open sessions of the complete Board, where final decisions are made. As a result of this procedure, all matters presented receive thorough consideration.

Reports are printed herein as amended at the meeting. Comment and action of the reference committees appear after each report.

These transactions are published in order that each member may be familiar with the policies of the Association on the subjects considered. It is hoped that a valuable reference book is thereby provided.

(Sessions of the Board of Governors are not open to the general public but individual members of the Canadian Dental Association are welcome to attend as observers.)

REPORT

1. I would like to extend a very hearty welcome to each of you as we open this the initial session of the Board of Governors. This is the third time that the Canadian Dental Association has met in Nova Scotia and it is my hope that when these strenuous sessions have been completed you will endeavour to spend a few days in the province and enjoy some relaxation.

2. At the outset I wish to say how sorry I am to know that Dr. W. J. Langmaid who, in the normal course of events would have been your President this coming year, has had to resign because of ill health. His enthusiasm and keen insight of dental affairs will be greatly missed by all of us. I am confident that I express the sentiments of all when I say that we wish him a speedy recovery and all the best in the years ahead.

3. It is only nine months since the last meeting of the Board of Governors and I know all the committees have worked strenuously and have accomplished a great deal.

4. It is my belief that these long and short years which the Association has been experiencing are not in the best interests of the Association, financially and otherwise. It is my thought that, if possible, the annual convention should be held in the same month each year. By doing so the membership would know definitely when the meeting is being held and could make plans accordingly. I would suggest that the Executive Committee explore the feasibility of carrying out this procedure.

5. (a) There have been some changes in the personnel of the Board of Governors since the last meeting:

Dr. J. D. Reddin, P.E.I.

Dr. J. P. Coupland, Ont.

Dr. P. S. Christie, N.S.

Dr. A. H. Leckie, Ont.

Dr. Wm. Miller, B.C.

To you men I would extend a very sincere welcome and would urge you to participate fully in the discussions.

(b) To the retiring members we wish to express sincere appreciation for their valued contributions:

Dr. C. M. Whitworth, B.C.

Dr. R. O. Winn, Ont.

Dr. W. J. Langmaid, Ont.

Dr. A. W. M. Allan, P.E.I.

6. Visitations

(a) During the year visitations were made by your President and Secretary. St. John, Charlottetown, Corner Brook, Halifax, Quebec, Saskatoon,

PRESIDENT

Edmonton, Calgary, Lethbridge, Regina, Vancouver, Victoria, Winnipeg and Hamilton were visited, as was the Ontario Dental Association meeting in May, and later, Three Rivers.

(b) It is my opinion that these visitations are of real value to the membership and provide one method of keeping members informed of the activities of the Association. My remarks were confined to "What the Association has accomplished for the membership", and Dr. Gullett spoke on "The changing needs of a profession". It was gratifying to note that when the needs were pointed out and explained many of the members of the societies stated that they would gladly support the projects by *an increase in the per capita grant*.

(c) I visited four of the dental schools and spoke to the student body of each, namely: McGill, University of Montreal, University of Alberta and University of Manitoba.

(d) It was not possible to accept all the invitations that I received to attend dental meetings. Dr. Langmaid very kindly substituted for me on several occasions.

7. Headquarters

Since the Royal College of Dental Surgeons has purchased the property adjacent to our headquarters, the offices formerly occupied by them and the Ontario Dental Association have been taken over by our organization. This enables the staff to work under less crowded conditions and also is an indication of how the activities of the headquarters are increasing.

8. Convention

(a) Dr. J. D. McLean was prevailed upon two years ago to accept the Chairmanship of the Convention Committee. Many meetings have been held. I believe you will agree with me when I say the choice we made was a wise one.

(b) I would like to thank him and every member of his committee for a big undertaking well done. My personal thanks also to Mrs. R. H. Bingham, Chairman of the Ladies' Committee and all her co-workers who have worked so faithfully and enthusiastically.

9. Committees

It was not possible for me to attend any of the meetings of the various committees of the Association which are usually held at the Headquarters. Nevertheless, copies of the minutes of each meeting are forwarded to the President and I would like at this time to express my sincere appreciation to each committee member of his splendid efforts during the year. In my opinion it is the work of these committees that constitutes the backbone of the Association.

10. I should like to congratulate Dr. Bilkey, the Editor of the Journal, for the fine job he is doing. This is quite an undertaking and no doubt presents problems from time to time. The issues to date certainly indicate that the same

high standard of the Journal will be maintained. To Dr. de Montigny, "an old hand" at editing, I would like to offer my congratulations for keeping up the high standard of the French section of the Journal for which he is responsible.

11. Association Needs

(a) The needs of the Association have been prepared by the Executive and distributed to the Board of Governors, Past Presidents, Chairmen of Committees, Editors and the Secretaries of corporate bodies. The financial aspects of these were considered at length by the Executive in March.

(b) If these needs are going to be met, it is going to cost all of us *money*. I would urge the members of this Board to give serious consideration to the proposed increase in the per capita grant to the Association in the amount of \$15.00.

12. Assistance to the Provinces

Having travelled across the country with the Secretary, it is quite apparent to me how much the Corporate Members rely on the Canadian Dental Association, through the Secretary, for guidance and advice. This is very evident when legislation pertaining to dentistry is being considered. No one questions his ability and judgment in these matters but very often he is called upon, with little or no notice, to appear before a laws amendment committee or the legislature and present briefs which must be pertinent and factual. This is no easy chore and I am sure he is bewildered many times as to what is the best course to follow. If a legal bureau were set up within the Headquarters, where dental legislation from all parts of the world could be studied and recorded, I believe it would strengthen the position of our Secretary as well as that of the corporate bodies.

13. Fluoridation

There is a distinct need for the Association to reiterate its stand with respect to fluoridation. Only a few weeks ago I was asked, as President of the Canadian Dental Association, to refute publicly a statement made, by the anti-fluoridationists where the question was being considered by the town council, that the Canadian Dental Association was going to refute its stand on this measure at this meeting being held in Halifax. I would recommend that a resolution similar to those adopted at Annual Meetings for several years be adopted this year.

14. To our Secretary and the staff at Headquarters I would like to offer my sincere thanks for cooperation and help during my term of office.

COMMENT and ACTION

1. Informative.
2. We heartily concur with the sentiments expressed by the President.

PRESIDENT

3. Commend the committees for their untiring efforts.
4. Concur and recommend that efforts should be made to keep the spacing of annual conventions within reasonable limits of time and that the Executive Committee give this matter further study.
5. Concur heartily.
6. (a) We commend our President on his untiring efforts.
(b) We concur with the opinion expressed by the President and note with great interest the feeling of the members regarding the needs of the C.D.A.
(c) We commend our President on this activity and suggest the further continuance of this whenever possible.
(d) Express our sincere appreciation to Dr. W. J. Langmaid.
7. Informative.
8. (a) Agreed.
(b) We heartily concur and express appreciation for their effort.
- 9, 10. Concur most heartily.
11. (a) Informative.
(b) Concur and refer this for consideration by the Finance Committee.
12. We concur most heartily and commend our Secretary on his efforts in this regard and hope that this long needed assistance will be forthcoming.
13. Agreed and we recommend the resolution of 1958 as follows:

STATEMENT ON FLUORIDATION

WHEREAS tooth decay, by affecting the vast majority of people in Canada, has come to be recognized as one of the major public health problems of our time, and

WHEREAS studies covering a period of over thirty years under the widest variety of controlled conditions have marked fluoridation as one of the most widely studied of public health procedures, and

WHEREAS such studies reveal that fluoride in the recommended amounts of one part of fluoride to one million parts of water is safe from any ill-effect and is effective in reducing tooth decay by approximately two-thirds, and

WHEREAS fluoridation benefits children and the benefits extend into adult life, therefore be it

RESOLVED that the Canadian Dental Association reiterates its recommendation to the people of Canada that communities having a public water supply adopt a procedure for adjusting the fluoride content of

their water supply to a level considered optimal for the maximum prevention of dental decay, and for this purpose seek competent dental, medical and engineering advice.

ADOPTED

14. We wish to extend our sincere thanks to the headquarters staff for their faithful and conscientious efforts throughout the year.

We wish to express to the President our sincere appreciation and thanks for his untiring efforts during his term of office, realizing the sacrifice of time and energy he has made on our behalf.

We recommend the adoption of the report of the President.

APPROVED

NECROLOGY

MEMBERS: *W. G. McIntosh, Chairman, Toronto, Ont.; G. I. Creasy, Vancouver, B.C.; R. A. Rooney, Edmonton, Alta.; F. R. Smith, Saskatoon, Sask.; W. Gordon Campbell, Winnipeg, Man.; W. J. Dunn, Toronto, Ont.; Denis Forest, Montreal, P.Q.; E. D. Halford, Lancaster, N.B.; G. M. Dewis, Halifax, N.S.; Heath McIntyre, Charlottetown, P.E.I.; George P. French, St. John's, Nfld.*

REPORT

It is with deep regret that your Necrology Committee reports the death of the following members since the last annual meeting.

Adam, Stuart Robert, Toronto '27	-	-	-	-	Ponoka, Alta.
Armstrong, Grace Elizabeth, Otago University	-	-	-	-	Regina, Sask.
Becker, Frederick Charles, R.C.D.S. '06	-	-	-	-	Toronto, Ont.
Benson, Ariel Edwin, R.C.D.S. '16	-	-	-	-	Essex, Ont.
Boyd, William Ernest, R.C.D.S. '16	-	-	-	-	Espanola, Ont. and Kaleden, B.C.
Brookes, Arthur Frederick, Toronto '27	-	-	-	-	Toronto, Ont.
Brown, John P., R.C.D.S. '16	-	-	-	-	Oxbow, Sask. and Galt, Ont.
Brown, Roy Hugh, R.C.D.S. '10	-	-	-	-	Sudbury, Ont.
Brunet, C. E.	-	-	-	-	Montreal, P.Q.
Calhoun, Whitmore P., Alberta '27	-	-	-	-	Edmonton, Alta.
Caza, J. Euclide, Montreal '20	-	-	-	-	Huntingdon, P.Q.
Clark, Roland McIntyre, R.C.D.S. '18	-	-	-	-	Hamilton, Ont.
Cole, Frank Lethbridge, R.C.D.S. '18	-	-	-	-	Toronto, Ont.
Colvin, Andrew Reid, R.C.D.S. '18	-	-	-	-	Ottawa, Ont.
Dery, David Alexis, Montreal '08	-	-	-	-	Quebec, P.Q.
Desbiens, Adelard, Montreal '31	-	-	-	-	Chicoutimi, P.Q.
Donigan, Maurice Lee, McGill '24	-	-	-	-	Montreal, P.Q.
Edwards, Albert Henry, Bishops '05	-	-	-	-	Montreal, P.Q.
Feldman, Samuel H., Montreal '20	-	-	-	-	Montreal, P.Q.
Forbes, George Harry, Alberta '31	-	-	-	-	Lethbridge, Alta.
Freeman, Carmen Joseph, R.C.D.S. '04	-	-	-	-	Beamsville, Ont.
Gilchrist, Harry Alexander, Northwestern '02	-	-	-	-	Edmonton, Alta.
Gillespie, William Lester, Dalhousie '19	-	-	-	-	Saint John, N.B.
Gold, Benjamin, McGill '18	-	-	-	-	Montreal, P.Q.
Henderson, Charles Keith, R.C.D.S. '97	-	-	-	-	Hespeler, Ont.
Hesson, John E., R.C.D.S. '20	-	-	-	-	Calgary, Alta.

James, Christopher Norman, R.C.D.S. '21	-	-	-	Midland, Ont.
Johnston, Cameron Langford, Toronto '31	-	-	-	Toronto, Ont.
Julien, Hector, Laval '12	-	-	-	Montreal, P.Q.
Kenny, Frank Patrick, R.C.D.S. '23	-	-	-	New Westminster, B.C.
King, Fred E., Tufts '02	-	-	-	Vancouver, B.C.
Kobewka, William, Alberta '52	-	-	-	Yorkton, Sask.
Lalande, Jean R., Montreal '51	-	-	-	Montreal, P.Q.
Lamarche, Maurice, Montreal '36	-	-	-	Caughnawaga, P.Q.
Leach, William Henry, Toronto '26	-	-	-	Guelph, Ont.
Lesage, Rene Paul, Montreal '37	-	-	-	Louiseville, P.Q.
McBrien, John M., Toronto '28	-	-	-	Prince Albert, Sask.
McClurg, William Clare, Northwestern '16	-	-	-	Edmonton, Alta.
McCorkindale, William Menzies, Toronto '26	-	-	-	Toronto, Ont.
McDowell, Frederick William, Toronto '37	-	-	-	Barrie, Ont.
McMillan, Duncan Burns, R.C.D.S. '23	-	-	-	Winnipeg, Man.
McNeill, Maurice Ross, Toronto '34	-	-	-	Aylmer, Ont.
Meyer, John S., Freiburg '30	-	-	-	Moose Jaw, Sask.
Montgomery, Robert John Morell, R.C.D.S. '17	-	-	-	Toronto, Ont.
Moore, Fred Percival, R.C.D.S. '00	-	-	-	Hamilton, Ont.
Morison, Charles Ferguson, McGill '96	-	-	-	Montreal, P.Q.
Murray, William, R.C.D.S. '19	-	-	-	Toronto, Ont.
Nott, Benjamin Foss Orlando, R.C.D.S. '08	-	-	-	North Bay, Ont.
Plunkett, James Allan, R.C.D.S. '20	-	-	-	Lethbridge, Alta.
Preston, Wilfred Johnson, R.C.D.S. '09	-	-	-	Peterborough, Ont.
Reid, William Henry, R.C.D.S. '06	-	-	-	Toronto, Ont.
Robertson, Ren Sheek, R.C.D.S.	-	-	-	Coburg, Ont.
Scott, Andrew, R.C.D.S. '00	-	-	-	London, Ont.
Scott, Robert Wesley, Philadelphia '05	-	-	-	Winnipeg, Man.
Stewart, Joseph N., R.C.D.S., '08	-	-	-	Hamilton, Ont.
Sugden, George W., McGill	-	-	-	Montreal, P.Q. and Cornwall, Ont.
Sutherland, George MacKay, R.C.D.S. '07	-	-	-	Toronto, Ont.
Thibaudeau, P. E., Montreal '21	-	-	-	St. Georges de Beauce, P.Q.
Turgeon, Edgar, Laval '17	-	-	-	Montreal, P.Q.
Twible, William Meredith, Toronto '36	-	-	-	Toronto, Ont.
Vair, Marshall George, R.C.D.S. '12	-	-	-	Toronto, Ont.
Weaver, Otto Levi, R.C.D.S. '10	-	-	-	Toronto, Ont.
Winn, Robin Ernst, R.C.D.S. '20	-	-	-	Toronto, Ont.
Wood, Horace, R.C.D.S. '05	-	-	-	Vancouver, B.C.

NECROLOGY

Wright, Hedley Vicars, R.C.D.S. '15 - - - - Trenton, Ont.
Wright, William Harrison, R.C.D.S. '04 - - - - Trenton, Ont.

The beautiful flowers have been placed on the table in memory of these departed friends.

Crossing the Bar — by Alfred, Lord Tennyson

Sunset and evening star,
 And one clear call for me!
And may there be no moaning of the bar,
 When I put out to sea,

But such a tide as moving seems asleep,
 Too full for sound and foam,
When that which drew from out the boundless deep
 Turns again home.

Twilight and evening bell,
 And after that the dark!
And may there be no sadness of farewell,
 When I embark;

For though from out our bourne of Time and Place
 The flood may bear me far,
I hope to see my Pilot face to face
 When I have crossed the bar.

REPORT

1. By request from several sources this report at the last annual meeting contained statement at some length respecting the needs of the Association. During the year this matter has been a prominent subject of discussion and a considerable amount of favourable reaction has occurred with a number of supporting resolutions. As instructed, the Executive has made a study of these proposals and will report at this meeting.
2. Legislative activity will be reported elsewhere. Some general remarks may be appropriate. From a broad stand-point legislation on health and related matters is definitely on the increase year after year. This increase is undoubtedly due to the increasing interest of the public in health services. In addition to the health services themselves it is very apparent that a considerable portion of the public interest lies in the area of economics. A tendency exists in the public mind to neglect quality and emphasize quantity and cost in the provision of health services. This attitude is becoming more and more apparent and in some respects runs counter to the objectives of the profession in rendering the best possible health service. No true profession can support measures which with certainty will result in deterioration of service. However, new improved measures of proof in support of best possible services and for adequate recompense to those rendering the services must be provided in order to sustain the progress of the profession. Recognition of this point is important and careful investigation of ways and means in dealing with it deserves serious consideration.
3. One pertinent question has arisen during the year in that legislation now exists providing for the dentist to sign a certificate of oral health which permits treatment by unqualified personnel. This is a serious question of responsibility for the dentist in the best interest of his patient. The dentist has an obligation to protect the health of his patient by not delegating to a person less qualified any service or operation which requires the professional competence of a dentist. The dentist has a further obligation of prescribing and supervising the work of all auxiliary personnel in the interests of rendering the best service to the patient. When legal provision is made for such reference it becomes incumbent on each individual dentist to make decision. It is to be noted that courts when dealing with professional matters have taken into consideration professional codes of ethics. Opinion is expressed that this point should be dealt with specifically in the Code of Ethics.
4. Under the Industrial Relations and Disputes Act employees may be represented by unions for collective bargaining purposes. Under the definition of employee, members of "the medical, dental, architectural, engineering or legal

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profession, qualified to practice under the laws of a province and employed in that capacity" are excluded. This exclusion was enacted in 1947 at the request of the Canadian Dental Association and other professional bodies. Recently at the request of the Canadian Council of Professional Engineers the Secretary wrote the Minister of Labour requesting that in so far as the dental profession is concerned no change be made. The Minister made reply that the C.D.A. would be consulted before any alteration was made. One national professional body has amended its federal constitution in this respect at the present parliamentary session. The intent of the amendment is to provide that the national body assumes this right for members.

5. The ratio of dentist to population remained practically the same this year as for the preceding year. Estimates for future years give little assurance that the situation will improve, even with presently indicated increase in the number of graduates. Future population increase estimates will absorb the predicted number of graduates from the enlarged teaching facilities without improving the ratio of dentist to population to any appreciable extent. This situation can result in serious consequence for the profession and a detrimental attitude of the public. This constitutes a prime cause for legislative difficulties.

6. Recruitment to the profession is a responsibility of every dentist. A high percentage of dentists are in the profession because of the influence of another dentist. The attitude of the dentist to his own profession is all important when he is consulted by the interested young boy or girl. A tendency has existed for several years for dependence upon booklets, films and presentations of vocational guidance. Vocational guidance media are of little avail in recruitment unless the dentist consulted by the prospective student reacts enthusiastically. Investigation indicates that the academic standing of students applying for the dental course has fallen during recent years. This situation could be remedied by members of the profession taking an active interest in bright young students in their communities.

7. The officials of organizations representing the dental profession have responsibilities which cannot be easily delegated. Indeed it may prove to be very dangerous to attempt to do so. It is true that the profession needs the advice of experts in several areas of knowledge. However, care should be exercised in making assessment of such information as to value and utilization, which is a direct responsibility of the elected officials of the dental profession. Persons who are permitted to speak for and in the name of the profession should be most thoroughly qualified to do so.

8. The established relationship between the C.D.A. and the Corporate Members is not well understood particularly by lay people. This point becomes important in the making of presentations on behalf of the profession and sometimes difficult to explain. Often Canadian dentists themselves are found to be not clear on the matter. For purposes of exhibiting unity of effort the point has importance and should receive consideration. A tendency is noted in other

national bodies to firm relationships between provinces and the national body.

9. The work of the U.S. Commission on Dentistry is progressing at a rapid rate. This Commission consists of 15 individuals representative of various groups, four of which are dentists. The survey is supported financially by foundation grants and is under the administrative direction of the American Education Council at Washington. While this extensive survey is an overall investigation of all phases of dentistry in the United States, the work undoubtedly will be beneficial to Canadian dentistry. To some extent Canadian dental schools are participating in the survey. This effort is probably the most exhaustive study ever made of dentistry in all its phases.

10. Several resolutions have been passed at former Annual Meetings requesting the appointment of a member of the dental profession to Civil Defence at the federal level. Similar resolutions were adopted in respect to Indian dental health services. These resolutions were directed to the Minister of National Health and Welfare. During the past year, Dr. H. R. McLaren has been appointed to fill both these positions.

11. In these days when world organizations are becoming common and the world is growing smaller and smaller dentists can take some pardonable pride in that the International Dental Federation is, next to the Red Cross, the oldest world organization in existence. Furthermore Canadian dentistry has been represented since the beginning (1900). The Federation has progressed to a position until today it stands as a strong international body binding together the great national dental associations of the world. The 1959 Annual Meeting of the F.D.I. will be held in conjunction with the Centennial Meeting of the American Dental Association at New York in September. This meeting will be international in character with probably the largest attendance in history for any meeting of the dental profession. More important still, the meeting will constitute a land-mark in the history of the profession.

12. As a legitimate objective, the Association should pursue a policy of establishing a sense of identity for Canadian dentistry. The efforts of recent years have done much to give recognition to the profession both at home and abroad. Recognition is not an end in itself and must be supported by realistic contributions of high calibre. Such endeavour leads to increasing the pride of each member in his own profession and this is a worthy aim which ultimately results in improved service. Such aim should hold a prominent place in the proceedings of the Annual Meeting and all activities of the Association.

13. Several of the matters brought to your attention in this report require study and investigation and are not subject to quick or immediate action. However it is hoped that a degree of emphasis can be established and that a sense of direction may be given.

14. On behalf of the headquarters staff I desire to thank the membership for the many courtesies shown during the year. The commendatory comments received have been much appreciated.

COMMENT and ACTION

- 1, 2. Information.
3. We note with alarm. We agree with the report in its comments on this situation. The ethical position has been or will be clarified in Clause IV (f) of the proposed revision to the Code of Ethics.
4. We concur in the Secretary's reply to the Minister of Labour. We recommend that the Executive Committee consider the advisability of amending our federal constitution to permit the C.D.A. to assume responsibility for the promotion of the interests of its members and act on their behalf in such promotion.
5. We concur.
- 6, 7. We agree.
8. Referred to Committee on By-laws.
9. We note with interest and commend Canadian participation.
10. We commend the Executive on securing this appointment.
11. Informative.
12. Agreed.
- 13, 14. Noted.

We recommend the adoption of the Secretary's report.

APPROVED

Supplemental Report

Since the preparation of my report a considerable number of events have occurred in respect to the 'denturist' problem mainly in the four western provinces. Evidence exists that this matter will reach a very critical stage during the next succeeding months. Up until the present time, action on the part of the profession has been purely negative. The time has arrived when constructive action is essential.

Basically the problem has two aspects. First, lack of dental service, particularly in rural areas. Secondly, the matter of costs of prosthetic services. Arguments respecting other phases of dental practice are of little account in making presentations before governmental committees. Ways and means of meeting these problems should be a chief concern of this annual meeting.

In order that there may be a clear understanding of the position, certain

selected statements as made by government authorities have been made available to the reference committees.

These views are significant representing the thinking of one legislature. Views in almost half of the legislatures at the present time vary somewhat but essentially centre around the same points. It is known that communications on this matter are taking place between the respective governments. This matter is rapidly spreading from one legislature to another.

Apparently many dentists with cursory knowledge of this matter refer to it as involving "dentures only". This is a grave error. The important consideration is the principle involved. The principle as stated in the C.D.A. Policy Statement on Auxiliary Personnel reads as follows:

"the best interests of the public demand that dental care be provided under the responsibility of the one group of persons qualified by education, licensure and experience to have full regard for the dental and total health of the patient. This best interest of the public will not be served by fractionating this responsibility of the dental profession for this can lead only to a lowering of the standard of service to the patient."

Hardly necessary is it to state that once this principle is broken through the way is open for other auxiliary personnel to break away from dental practice, e.g. the dental nurse. The principle is common to other health services. Adherence to the principle is essential but finding ways and means of saving the principle and yet solving the problem is mandatory upon the profession.

It must be recognized that a position will have to be taken on this immediate problem. Direction and guidance should be forthcoming from this meeting.

COMMENT and ACTION (Supplemental Report)

1. The special committee appointed to study the Supplemental Report of the Secretary met and discussed the varied facets of the problems presented.
2. It was impossible in the few hours available to study the situation and reach any concrete solution.
3. The committee suggested that there are two approaches to the question:
 - (i) Immediate
 - (ii) Long range
4. *Immediate*: The definite practical suggestions to assist in providing dental service are:
 - (a) Establishment of mobile units for rural areas.
 - (b) Establishment of hospital out-patient clinics.

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(c) *Fees for Prosthetic Services* should be as reasonable as possible commensurate with good service. The matter should be forcefully brought to the attention of the membership and any move in this direction can only be successful with overall cooperation.

5. These suggestions, and they are suggestions only, are purposely left brief and without administrative detail, each province having different methods of practical operation.

6. *Long range program*: The following resolution is offered:

WHEREAS the Canadian Dental Association is continually in quest of more effective means of providing dental service and care to the Canadian people, and

WHEREAS dental services and dental recruitment are being placed in jeopardy by legislative action in several areas in Canada, and

WHEREAS the Canadian Dental Association regards it as a responsibility to make the best possible contribution to the National Health Program, particularly as that program is affected by dental services, and

WHEREAS there is an obvious demand on the part of the public to receive the benefits of dental care services, and

WHEREAS the history of human progress gives evidence that usage and custom invariably become recognized and confirmed in law, and

WHEREAS contending factions have made presentations before persons most of whom are unable to assess, objectively, the statements and contentions made before them, and

WHEREAS there is an urgent need to have created a group capable of making an objective assessment of the facts having a pertinence to the provision of dental services, such group having its responsibilities stipulated in terms of reference, therefore be it

RESOLVED that the Executive Committee study the feasibility of having appointed a Commission to give particular consideration to

(a) Dental Education

(b) Research

(c) Optimal utilization of dental resources

(d) Factors affecting recruitment

for the purpose of determining the most effective means of providing dental services for the people of Canada.

ADOPTED

We recommend adoption of the Secretary's Supplemental Report.

APPROVED

MEMBERS: *G. M. Dewis, Chairman, Halifax, N.S.; A. G. Racey, Montreal, P.Q.; R. Langlois, Quebec, P.Q.; J. P. Whyte, Swift Current, Sask.; W. G. McIntosh, Toronto, Ont.; J. Zimmerman, Calgary, Alta.; W. J. Langmaid, Oshawa, Ont.*

REPORT

1. The Executive Committee has held two meetings since the last meeting of the Board of Governors. Mail votes were taken on some issues that required action in the intervals between meetings.

2. The Executive Committee within the last three months has lost the services of one of its outstanding members, Dr. W. J. Langmaid, the President-elect of the Association, who suffered a severe illness the night he arrived home from the last Executive meeting held in Toronto. It is our hope and prayer that his health will be restored and that his interest in dentistry will be maintained.

3. Headquarters Staff — Printing Department

Increasing demands could not be met with existing facilities. A new press became necessary and also additional help for the printer. The Secretary was empowered to hire an assistant for the department with a salary up to \$3,000 a year. The Secretary was authorized to purchase a new printing press at a cost of approximately \$3,000.

4. Finance — Review of Securities

The Secretary and the Chairman of the Finance Committee were empowered to sell securities held in the Reserve Fund in order to purchase similar securities with a more advantageous return. This authority was for the period between Executive Committee meetings.

5. Conference of Provincial Secretaries

An amount of \$500.00 was authorized to be spent from the C.D.A. funds for this conference.

6. Report of 1958 Convention Committee

The final report of the 1958 Convention Committee as submitted by the chairman, Dr. Roger Charette, was adopted and the chairman commended for an excellent analytical report.

7. Report of 1959 Convention Committee

Dean J. D. McLean, chairman of the committee, presented his report which was adopted with our complete approval.

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8. **Honorary Membership**

Dr. A. W. Faulkner, a past president of the C.D.A., was proposed for honorary membership.

9. **Official Invitations**

Invitations were issued to representatives of the British Dental Association and the American Dental Association to attend the 1959 Convention in Halifax.

10. **Installing Officer**

Dr. S. J. Phillips of Oshawa was appointed installing officer for 1959.

11. **Past Presidents' Breakfast Meeting**

The report submitted by Past President K. M. Johnson was received. This get together was initiated at the Montreal meeting with seven men in attendance. A similar meeting is arranged for during the 1959 Convention.

12. **Future Annual Meetings**

The invitation of the Manitoba Dental Association to hold the C.D.A. Convention in Winnipeg in 1969 was accepted tentatively. (See appendix B.)

13. **Convention Committees**

(a) The appointment of Dr. J. P. Coupland of Ottawa as general chairman for the 1960 Convention was confirmed.

(b) The recommendation that the Board of Governors and Committee Chairmen be billeted in the Beacon Arms Hotel during the Board meeting and also for the Convention 1960 was approved.

(c) The appointment of Dr. F. A. Fernet of Saskatoon as Chairman for the 1961 Convention was approved.

14. **War Memorial Award**

(a) The subject chosen by the War Memorial Award Committee for the 1959-60 competition, "The Role of Dentistry in Public Health" was confirmed.

(b) The Executive was asked to clarify the duties of the committee regarding annual title selection for the essays. A method suggested was that the Executive Committee choose annually one title from a list of four titles approved by the Board of Governors. This method was approved by the Executive Committee.

15. **Need for Dental Personnel**

Page 187 of the 1958 Transactions contains a resolution presented by the

Alberta Dental Association. The Executive studied this resolution together with the information given in item 11 of the report of the Council on Dental Education and approved the following resolution:

WHEREAS the recruitment of sufficient numbers of dental students with high qualifications is becoming a very critical problem in Canada, and

WHEREAS enthusiastic effort on the part of the dental profession itself is considered to be one of the best methods of stimulating young students to consider dentistry as a career, therefore it is moved

THAT the Executive of the C.D.A. request the Committee on Public Relations to make a serious study of this situation and to devise and execute ways and means of making the dental profession aware of its responsibility in this matter and stimulating it to take definite steps to encourage well qualified students to apply for entrance in our dental schools."

16. Finance

(a) One whole day of the Executive Meeting held during the latter part of March was taken up with a detailed study of the finances of the Association. At the last annual meeting of the Board of Governors a resolution (see C.D.A. Transactions 1958 page 72) was passed requesting the Executive to present a statement outlining the needs and expenditures necessary to meet the needs. This was prepared and distributed to the Board of Governors, Past Presidents, Chairmen of Committees, Editors and Secretaries of Corporate Bodies. Further consideration was given to the financial aspect by a sub-committee of the Executive. Their statement, which was approved, appears as Appendix A.

(b) The time has now arrived when this Board must give very serious consideration to an increase in the per capita grants. The Association cannot stand still. It must either advance or lessen its activities. Committee costs are increasing each year and our income is dependent almost entirely on the moneys received from the corporate bodies. Our membership is increasing at a very slow rate, hence we will not improve our financial situation to any marked degree if we are hoping to obtain any worthwhile increase as a result of additional members.

(c) Some members will suggest that we obtain additional revenue for operating expenses by taking money out of the reserve fund. The Executive Committee is of the confirmed opinion (1) that we must have a financially stable organization to be effective; (2) that we must be reasonably certain of our financial future in order to establish such bureaux (as indicated in the Association needs) on a satisfactory basis, both as to engaging personnel and for the work to be carried out.

(d) The report of the Finance Committee was presented and adopted for presentation to the Board of Governors.

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- (e) The budget for 1960 was approved for presentation to the Board.
- (f) The auditors statement for 1958 was approved.
- (g) The firm of Thorne, Mulholland, Howson and McPherson was appointed auditors for 1959.
- (h) The Executive authorized the President to enter into a five year contract with the Secretary, Dr. Gullett, commencing January, 1960.

17. **C.D.A. Pension-Assurance Plan and Retirement Savings Plan**

Mr. Staddon, administrator of the plan, presented his report which was adopted. (See appendix C)

18. **Revision of By-Laws**

The suggested revision of the by-laws as they refer to the Executive Committee was approved and has been forwarded to the By-laws Committee.

19. **Administration Points** (see Appendix D)

The Executive took the following action:

1. Moved that non-essential correspondence over five years old be destroyed.
2. For information only.
3. Moved that the By-laws Committee consider the question of Associate membership.
4. Moved that the Secretary have a suggested policy prepared for consideration at the next annual meeting of the Executive.
5. Recommended that this subject be on the agenda of the Conference of Provincial Secretaries.

20. **Official Representation at Meetings**

(a) Dr. N. C. Ferguson of New Westminster, B.C. was appointed official representative of the C.D.A. at the British Dental Association meeting in May, 1959.

(b) The President and the Secretary of the C.D.A. were appointed official delegates of the C.D.A. at the A.D.A. Centennial and the F.D.I. in New York.

(c) An amount up to \$250.00 was authorized to be spent on an official presentation by the C.D.A. to the A.D.A. on the celebration of their centenary.

21. **Centennial of Dentistry in Canada — 1967**

Agreed to plan for special features in celebrating the centennial.

22. Recruitment Film

A resolution from the Alberta Dental Association regarding production of a Canadian film on recruitment of students to dentistry was studied. In view of the tremendous costs involved it is not possible to consider production of same.

23. Clinicians at Meetings (Visitations)

A resolution pertaining to this matter was referred at the last Annual Meeting to the Executive for consideration. It was decided that, because of limitations of the financial structure of the C.D.A., it is not feasible to sponsor clinicians other than those associated with annual meetings of the Association.

24. History of Canadian Dentistry

Dr. J. S. Bagnall of Halifax, a former Secretary of the C.D.A., was appointed Archivist of the Association, with a yearly maximum of \$100.00 to be at his disposal for incidental expenses.

25. C.D.A. Sections

The Executive was requested by the Board of Governors to review the status, policies and relationship of sections, in cooperation with the sections. This review was postponed until the individual sections have submitted their suggestions for amendments to the present terms of reference.

26. My sincere thanks go to all the members of the Executive Committee and our Secretary for the fine support which they have given during the past year. A finer group of men would be difficult to find. To our Deputy Secretary and the staff at headquarters, my appreciation is recorded herewith for their co-operation and thoughtfulness on so many occasions.

Association Needs

At the 1958 Annual Meeting several resolutions were adopted in approval of certain needs of the Association. As a result of these actions the Board adopted a resolution (See C.D.A. Transactions 1958 p. 72) requesting the Executive to present a statement outlining the needs together with the necessary financial expenditures in order to meet the needs. Direction was given that a statement of needs be prepared for the use of members of the Board of Governors in presenting these matters to their respective provincial groups. A statement of this nature was prepared by the Executive and circulated during January last to members of the Board of Governors, Past Presidents, Chairmen of Committees, Editors and Secretaries of Corporate Members.

Consideration was given to the financial aspects of this matter by the Executive at their meeting held at the end of March. As a result of these deliberations the following statement is presented.

1. General Expenses

(a) Inflation — All know that we are living in an inflationary period and no one seems to know when rapidly increasing costs will cease. This situation affects all items of the budget.

(b) Committees are attempting to meet demands and in order to do so require not only expert personnel for assistance as stated below but also require increased budget allotments.

(c) An obligation exists to assist Corporate Members in every possible manner and these needs have increased greatly during recent years. Such required assistance not only requires the help of expert personnel in the Headquarters of the Association but will affect the general expenses considerably.

The Association has a fixed income. Difficulty is found in balancing the annual budget for current activities. To protect present activities and meet the needs of the foreseeable future the Executive recommends an increase in per capita dues of five dollars (\$5.00).

2. Statistical Services

The Executive is in agreement with the need for the establishment of statistical services at C.D.A. Headquarters. Due to the increasing interest of governments of Canada in the nationalization of health services, dentistry must be in a sound position to offer and support accurate statistical data concerning dental practice in Canada as well as being able to refute inaccurate information. In order to carry out this program we need:

- (a) factual data on every phase of dental practice in Canada
- (b) statistical analysis of this data
- (c) expert presentation of this information

It is the opinion of the Executive that these three developments can only be accomplished through the services of specially trained personnel.

The Executive recommends this proposal but desires to point out that such action is not possible under the present budget. For this purpose the Executive recommends an increase in the per capita dues of five dollars (\$5.00).

3. Legal Services

As the complexity of dental practice in Canada increases, the demand for expert legal assistance and advice becomes more urgent. Activities in this special field are now beyond the scope of our own profession. There is urgent need for a dental legal authority who would be the authority in this field and whose services would be available to the C.D.A. and in an advisory capacity to its Corporate Members. Such a service can only be adequately provided by having a legal department added to our Headquarters staff.

In conformity with resolutions adopted at the last two Annual Meetings respecting this matter, the Executive recommends that action be taken to implement this proposal provided that financial support is provided. For this purpose the Executive recommends an increase in the per capita dues of five dollars (\$5.00).

To meet the increased demands of our enlarged activities, the inflationary conditions, and to implement the statistical and legal bureaux will require additional funds. The Executive Committee has estimated that a five dollar increase per member would be necessary to fulfil the financial requirements for each of the above three major needs. Therefore the Executive recommends to the Board of Governors that a \$15.00 increase in the per capita grants be requested from each Corporate Member.

Appendix B

Location of Annual Meetings

1945	-	-	-	-	-	Winnipeg	1952	-	-	-	-	Vancouver
1946	-	-	-	-	-	Toronto	1953	-	-	-	-	Montreal
1947	-	-	-	-	-	- Digby	1954	-	-	-	-	St. Andrews
1948	-	-	-	-	-	Murray Bay	1955	-	-	-	-	Toronto
1949	-	-	-	-	-	Saskatoon	1956	-	-	-	-	- Banff
1950	-	-	-	-	-	Toronto	1957	-	-	-	-	Winnipeg
1951	-	-	-	-	-	Ottawa	1958	-	-	-	-	Montreal

Confirmed Future Locations

1959	-	-	-	-	-	Halifax	June	17 - 20	21 - 24
1960	-	-	-	-	-	Ottawa	Sept.	21 - 24	25 - 28
1961	-	-	-	-	-	Saskatoon	June	21 - 24	25 - 28

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1962	-	-	-	-	Vancouver	May 30 - June 2	June 3 - 6
1963	-	-	-	-	Toronto		
1964	-	-	-	-	—		
1965	-	-	-	-	Quebec City		
1966	-	-	-	-	—		
1967	-	-	-	-	Toronto		

Appendix C

Seventh Annual Report
Pension-Assurance Plan and Retirement Savings Plan

I again appreciate the invitation to present this report to you personally, and in keeping with previous reports, it will deal with activities during the last calendar year. A deviation from this will be made in respect of the Canadian Dental Association Retirement Savings Plan as a far more accurate picture is obtained in dealing with the 12 months ending February 28th on which date the Plan year ends. The last annual report was not submitted until mid-1958, and there was the temptation to refer to matters relating to early 1958, so I trust you will understand if there seems to be some repetition of earlier remarks.

The year under review was an eventful one as far as our activities were concerned, hardly any aspect of our offerings not being subjected to some change. The three main divisions into which our Plans fall are as follows: the C.D.A. Pension-Assurance Plan, embracing all Life Assurance, Insured Pensions and Sickness and Accident coverage; the C.D.A. Hospitalization Groups; and the C.D.A. Retirement Savings Plan. As this was the order in which they were adopted by the Association, I will deal with them in that order.

C.D.A. Pension-Assurance Plan

(a) Life Assurance and Insured Pensions: Practically all premium rates were reduced at the beginning of 1958, maintaining, and in some cases, increasing the advantage we offer. The amount of Life Assurance at risk at December 31st, 1958 approached \$15,000,000. This represented an increase of 14.4% and premium income for the year was up 14.5%. Broken down the following picture emerges.

	Percentage increase in Premium							Percentage increase in Life risk						
Alberta	-	-	-	-	-	-	-	8%						6%
British Columbia	-	-	-	-	-	-	-	9%						7%
Manitoba	-	-	-	-	-	-	-	38%						25%
Maritime Provinces	-	-	-	-	-	-	-	11%						31%
Ontario	-	-	-	-	-	-	-	17%						20%
Quebec	-	-	-	-	-	-	-	9%						7.5%
Saskatchewan	-	-	-	-	-	-	-	30%						13%

The result from Ontario of course represents the most satisfactory and steady growth, but it is gratifying to see the increased interest from Manitoba and Saskatchewan.

The Students' Plan continues in almost the same trend. The students at the Faculties in Toronto, McGill and Alberta are participating satisfactorily but only minor acceptance at Dalhousie and none at University of Montreal.

There was one death claim during the year, and that was in respect of a 1956 Graduate who held a Dental Students' contract.

(b) Sickness and Accident Insurance: The contract we offer costs substantially more per unit of monthly indemnity than most contracts available elsewhere. This is because it incorporates all the features which are deemed desirable in a policy which is intended to form the basis of a professional man's Income Protection. Among many others, the long-term benefits, non-cancellability and stable future cost are the principal features which are not found in these cheaper policies.

The original contract was considerably improved in 1955 in return for a small additional premium. In 1958, it was further improved by the inclusion of Capital Sum Payments for Accidental Death, Accidental Dismemberment, and/or Accidental Blinding. No extra premium was charged and the additional protection applied to all existing and new policies. Moreover, the payment of such capital sums in no way reduces entitlement to the monthly indemnity and does not affect the continuation of the protection afforded by the contract for future years. Briefly, the Accidental Death benefit is 40 times the monthly indemnity, and the same for Double Dismemberment or Blinding, with 20 times the monthly indemnity for Single Dismemberment or Blinding.

The membership were notified of these details towards the end of 1958 and renewed interest resulted. A leaflet with comments on Disability Insurance in general and the C.D.A. Plan contract in particular has now been prepared and is available to members. The premium income from this phase of the Plan increased just over 8%.

C.D.A. Hospitalization Groups

(a) Ontario: Members in Ontario now have available to them through the Group, participation in the standard ward O.H.S.C. Plan, supplementary Blue Cross semi-private care, and the in-hospital Medical-Obstetrical-Surgical benefits provided by the P.S.I. 'Brown' Plan.

(b) Quebec: The cover available to Quebec members is the same as when the Group was inaugurated in 1955 — basically semi-private hospital care plus Surgical-Obstetrical-Medical in-hospital services as provided by the Quebec Hospital Services Association.

(c) Maritime Provinces: In those Provinces which have a Government

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Plan for standard ward care, the Group offers supplementary semi-private care, plus S-O-M in-hospital services as provided by Maritime Blue Cross.

In those provinces still without a Government Plan in operation, the Group continues to provide semi-private care plus Maritime Blue Cross S-O-M benefits.

(d) Manitoba: When the Provincial Plan went into operation in mid-1958, the Group maintained benefits at semi-private level until December 31st, 1958, and then had to withdraw from the Province. All participants were notified and advised where to make application for continuation of the supplementary coverage.

Thus our field of operations was reduced by one Province, but additional applicants from Ontario and Quebec substantially more than offset this loss, and at January 1st, 1959, the total from the Provinces remaining was 2,278.

There was a tremendous amount of work involved in these changes, quite disproportionate to normal years, and it is reasonable to assume that this hindered other activities.

C.D.A. Retirement Savings Plan

For this aspect of the report, I should like each year to deal with the 12 month period ending February 28th.

At February 28th, 1958 we had received 190 applications for participation which were duly registered. Not all made deposits, but \$121,464 was received in the short period from inception of the Plan to February 28th, 1958. On March 1st, this money purchased Units in the Funds to which it had been allocated by contributors, at \$10.00 per Unit. Subsequent Valuations of the Funds and applicable Unit Values have been published in the C.D.A. Journal.

During the year ended February 28th, 1959, the total of applications received for registration rose to 296, and deposits received in the period amounted to \$194,937. At March 1st, 1959 the market value of the three Funds stood at \$335,205. Unit Values were \$9.912 for the Government Bond, \$10.444 for the Corporate Bond and \$12.359 for the Common Stock. In the proportions in which the original \$121,464 was allocated, this produced an overall appreciation of 13.25% in twelve months.

It will be readily appreciated that the gain of 23.59% in the Common Stock Fund gives absolutely no indication of what results will be obtained in future years, any more than it is expected to lose about a cent on the dollar in the Government Bond Fund each year. However, what is fully anticipated is that results will be very much in line with those obtained by other responsible investment institutions. The attractions of the Plan lie in its greater flexibility, freedom of contribution and economy of operation.

The following figures, given on the same basis as last year will indicate progress and volume at end of 1958.

Contracts in force — C.D.A. Pension Assurance Plan	-	-	1,092
Members — C.D.A. Hospitalization Groups	-	-	2,278
Members — C.D.A. Retirement Savings Plan	-	-	296
(of which 39 have made no deposit yet)			

Premiums received in 1958:

C.D.A. Pension-Assurance Plan	-	-	-	-	-	-	247,209
C.D.A. Hospitalization Groups	-	-	-	-	-	-	178,120
C.D.A. Retirement Savings Plan (for 1958 Tax purpose)	-	-	-	-	-	-	194,937

It was stated in the last annual report that a fair estimate of the savings accruing to members who take their Life Assurance and Pension programs through this Plan, was a total of \$3,000.00. This figure appeared in the published Transactions as \$30.00, which I hope has not deterred would-be enquirers. This was a conservative estimate based upon what seemed to be an average insured program. However, the additional saving attributable to participation at an average figure in the C.D.A.R.S.P. would raise this figure to around \$4,500.00. The incidence of tax saving does not enter into this calculation. It is entirely the difference in premiums and returns available through the Plan, against those obtainable by individual action elsewhere. A saving of \$10.00 a year on a \$10,000 Whole Life policy or one-sixteenth of 1% per quarter on a retirement savings plan, may not appear of much concern at any particular time, but the cumulative effect on one's whole program is very considerable. The younger members particularly must be convinced of this, so that full benefit can be secured by them during their careers.

Once again, my thanks are extended to the Trustees, to Dr. Gullett and to all those officers of the Association who so readily give their support and counsel at all times. I do humbly recommend that the C.D.A. continue with a publicity procedure in keeping with the importance of this plan to the profession.

Respectfully submitted,

J. T. STADDON,
Administrator.

Appendix D

Administration Points

1. Non-essential correspondence

In order to reduce space pressure for filing purpose authorization is requested for the destruction of non-essential correspondence which is five years old and over.

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2. Directory

In June 1958, the Executive approved annual publication of the Directory on the basis of printing 500 copies at an estimated cost of \$250.00 and selling copies at \$1.00 each. It was estimated that 250 copies could be sold, thus covering costs.

Printing costs were actually \$221.00. We had 100 copies in stock on March 10th, 1959. Approximately 125 were distributed free of charge and 275 copies were sold at \$1.00 per copy. Thus there was no loss on the 1958 Directory.

3. Membership

The question has been raised as to whether or not application from those who are not qualified members of the dental profession will be considered for Associate Membership.

4. Financial Aid

Consideration should be given to adopting a policy in respect to the acceptance of financial assistance from commercial sources.

5. Official Statements

Alertness in published statements should be emphasized. Carelessness in giving approval or adopting loose statements makes for trouble as we have discovered to our sorrow at legislative hearings and in publications outside the profession.

COMMENT and ACTION

1. Information.

2. WHEREAS Dr. W. J. Langmaid has made a faithful and enthusiastic contribution to the Canadian Dental Association, and

WHEREAS because of this notable contribution he has been chosen as President-elect of the Association, and

WHEREAS due to an unfortunate and unforeseen set-back in his physical condition it will be impossible for him to continue to serve the Association in any capacity at the present time, therefore be it

RESOLVED that we express to him our sincere thanks for his past contributions to this Association and our most heart-felt hope for a rapid recovery enabling him to enjoy many happy and successful years.

ADOPTED

3, 4, 5. Approved.

6. WHEREAS Dr. Roger Charette has had the direction of one of the most successful conventions in the history of the C.D.A., and
 WHEREAS the 1958 Convention was a great financial success, and the program was outstanding in every subject, therefore be it
 RESOLVED that the final report of the 1958 Convention Committee as presented by Dr. Charette be enthusiastically approved.

ADOPTED

7. Information at this stage.
8. WHEREAS Dr. A. W. Faulkner, who is a past president of the C.D.A., has had a career in dentistry that may be an inspiration for the younger generation, therefore be it
 RESOLVED that the nomination of Dr. Faulkner to become an honorary member of the Canadian Dental Association be unanimously approved.

ADOPTED

9. Information.

- 10, 11. Approved.

12. Information. Appendix B noted.

13. (a) Approved.
 (b) Information.
 (c) Approved.

14. Referred to reference committee on War Memorial Award.

15. As there is no conflict with the Council on Dental Education we approve.

16. (a) (b) (c) Approved. Appendix A noted and approved. A resolution affecting these items will appear in the financial report.
 (d) (e) (f) (g) Information.
 (h) Approved.

17. Approved. Appendix C noted.

We recommend that all information such as letters, pamphlets, etc., regarding the C.D.A. Pension-Assurance Plan and Retirement Savings Plan being forwarded to C.D.A. French-speaking members in Quebec and students in the Faculty of Dentistry, University of Montreal, be in the French language.

18. Information.

19. Information. Appendix D noted.

- 20, 21. Approved.

22. Received as information.

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We recommend that if a film of this subject and type becomes available at a reasonable cost that it be obtained and used.

23. Approved.

24. WHEREAS Dr. J. Stanley Bagnall has occupied during a number of years many appointments in different committees of the Canadian Dental Association and acted as its secretary as well, and

WHEREAS Dr. Bagnall has always accomplished his work with great devotion and success, therefore be it

RESOLVED that the appointment of Dr. Bagnall as archivist of the Association is heartily approved.

ADOPTED

25. Information.

26. We most heartily approve.

We wish to congratulate the Executive on the tremendous amount of work accomplished and to compliment them on the splendid way in which it was handled.

We recommend the adoption of the report of the Executive Committee.

APPROVED

REPORT

1. Grants

All provinces paid their grants for 1958 and are now paying at the rate of \$25.00 per capita.

2. Finance

The financial statement for 1958 shows a surplus of \$13,818.89 after giving effect to the transfer of \$10,000.00 to the reserve fund. Our total revenue for the year was \$144,244.32 made up of three principal items:

Grants from provinces	\$132,019.50
Sale of pamphlets	9,054.32
National Convention 1958	2,890.50

This committee offers most hearty thanks to the Montreal Convention Committee. The amount stated as revenue from the convention is the amount estimated at the time of audit. Actually the amount now received is \$3,469.71 representing the C.D.A. share of the surplus.

3. Needs of the Association

Many of the reports of committees contained recommendations dealing with the needs of the Association and the Board of Governors last year passed the following resolutions and motions:

(a) A motion was approved directing the executive to inform the corporate members of the needs which will require increased expenditures of money in the near future. ('58 Trans. p. 72)

(b) Approval was given to the recommendation that an annual conference of provincial secretaries be held at headquarters. ('58 Trans. p. 122)

How will this cost be divided?

(c) A resolution was approved directing the Executive Committee to study the possibility of obtaining administrative assistance especially in the legal and economic fields. ('58 Trans. p. 6, p. 14)

(d) This is from the President's report:

"It is increasingly evident from events which have occurred during recent years that the legal and economic aspects of our professional lives are becoming more varied and complex and that we must now consider the advisability of engaging personnel experienced in these fields to advise and guide us. I would strongly urge that machinery

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be set up to study ways and means of securing this type of assistance for the Association.”

The following resolution was passed:

WHEREAS the legal and economic aspects of our profession have become more complex, therefore be it

RESOLVED that study be given by the executive committee regarding the possibility of obtaining additional administrative assistance if and when this can be arranged.

(e) As you read the secretary's report of 1958, you realize the needs of our association. I am not going to try to summarize his remarks because they are so well told in 7, 8, 9, 10, 11, 12 and 13 of the Secretary's report. But here is the resolution:

WHEREAS experience of professional associations in various countries strongly indicates needs of expert personnel for administrative purposes and

WHEREAS the services of expert personnel are required on a continuing basis as spasmodic efforts are costly and of little value in the long run and

WHEREAS the type or types of personnel for special services should be decided upon critical analysis of need, therefore be it

RESOLVED that the Association take the necessary steps indicated by its needs and this as soon as possible.

(f) The following resolution came out of the report on Headquarters Property:

WHEREAS clarification of the responsibility for the expenditure has been requested by the Committee on Headquarters Property, therefore be it

RESOLVED that the Committee on Headquarters Property be responsible for routine repairs and maintenance, whereas depreciation, major repairs, new furnishings and equipment be charged to capital expense and be the responsibility of the association.

We know that we will be faced with capital expense, for no building will go too long without major repairs. I wrote to Dr. Don W. Gullett in respect to many matters and I have his permission to quote from them and here is his reply in reference to the above subject:

“Upkeep repairs, painting, etc., belong to the budget of the Property Committee according to the resolution passed at the last annual meeting. New furnishings and replacement of furnishings are capital expenditures. The write-off for depreciation each year in the Auditors' statement is to provide money for replacement and consequently depreciation amounts should go into our reserve account.

“The Property Committee met a few nights ago to decide what is to be done in the rooms vacated at the end of the year. We are now in the

process of obtaining estimates. There will be considerable expenditure. . . .”

(g) The following is from the Health Insurance Studies Committee and is found in paragraph 12: “There is a vital need for making adequate studies of the economics of dental practice in Canada”, then followed this resolution:

WHEREAS in the opinion of the Health Insurance Studies Committee, a definite need exists for the development of statistical data related to dental practice in Canada, and

WHEREAS the compiling of such data is beyond the capacity in training of a dentist, therefore be it

RESOLVED that the means be established for developing necessary data and for such purpose, properly qualified personnel be employed by the association.

(h) The following resolution arose out of the general discussion of the report of the Legislation Committee:

WHEREAS this board reaffirms its resolution at its last annual meeting respecting the need to review the terms of reference of the committee on legislation, and

WHEREAS the problem of legislation has become so highly involved and complex that it is quite impractical for a voluntary committee whose members are not trained in law to render the concerned and informed attention which the subject requires, and

WHEREAS it is essential that attention be given to these matters before a critical need arises, therefore be it

RESOLVED that consideration be given by the Executive Committee to the employment of a person whose professional training would permit him to give positive guidance in this area of concern.

(i) You will find that in the Dental Public Health report in paragraph 3, a list of seven films was agreed upon and purchased at the cost of \$520.41. The reference committee said “This action is to be commended and we would suggest that consideration be given to the purchase of Dental Health films in the French language”.

(j) Then again, from the same Dental Public Health Committee report in paragraph 13, the following resolution was passed:

WHEREAS it is believed that good public relations is an essential prerequisite to successful development of dental public health education programs, and

WHEREAS Dental Health Week or Day(s) can serve effectively to enhance the esteem and regard of the public for the profession, and

WHEREAS it is desirable for the Dental Public Health Committee to suggest means whereby a Dental Health Week or Day(s) may be most effectively and economically implemented on a national basis, and

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WHEREAS the Dental Public Health Committee has now collected a prodigious amount of valuable and pertinent information which could permit the committee to undertake further study and analysis with a view to giving ultimate direction in this regard, and

WHEREAS it is essential that this information and any other matter pertinent to Dental Public Health activities be considered in an atmosphere conducive to maximum consideration, therefore be it

RESOLVED that the Dental Public Health Committee arrange to hold a meeting of its members at C.D.A. Headquarters during the year 1959.

For your information and consideration a committee meeting at Headquarters costs about \$600.00, more or less. They requested \$2,000.00 and \$2,500.00 was put in 1959 budget which will likely cover their budget and meeting. Nevertheless, with money so tight, most serious consideration must be given to these requests if they should come from other committees.

(k) **Motion:**

THAT we agree to underwrite the administrative cost incurred by "Professional and Industrial Pensions Limited" relating to the retirement savings plan up to the maximum amount of 2% of the amount deposited in any one year, such payment to be made to Professional and Industrial Pensions Limited.

You will remember that this amount was \$4,000.00 and would decrease each year and disappear in 11 years. The amount for 1959 was estimated by the trust company to be \$3,750.00.

The C.D.A. Pension-Assurance Plan office returned to our Secretary the cheque from our Association.

(l) You will find in the President's report:

"Our Secretary was required to appear before the legislature of no less than four provinces during the year. . . . I cannot commend too highly the splendid and effective assistance that Dr. Don W. Gullett rendered at these times."

Somewhere in our financial planning, money must be made available for these expenses. This is not a *need*, it is a *necessity*.

(m) **Current Expenses.** The rate of rise of these expenses is simply alarming. The Publications Committee has run into the same problem and I can easily see where their request for a grant might be larger. But let me quote from Dr. Gullett's letter:

"What does worry me most is current expense, and before we can make any move towards increasing our annual expenditure, we must be able to see a few years ahead. This, with our ever rising costs due to inflation, is the main problem as far as I am concerned. Experience has shown that on our fixed budget, if we have a surplus this year,

the surplus next year will be smaller, doing the same amount of work.”

(n) **The Executive Officer, his help and equipment.** At the Executive meeting on the last Sunday in Montreal, 1958, this matter was discussed and one of the Executive said to me that I should provide some figures for guidance on this subject. This was discussed with the Secretary and here is his reply:

“The salary of an executive, either in the field of statistics or law, depends greatly upon the individual you get. I see that the Federal government is advertising for statisticians in the salary range beginning at approximately \$8,000.00 a year. It is doubtful if we could do it for less and quite probably in order to be safe should count on \$10,000 because we will certainly have raises to look after from year to year. Buying equipment for the office of the executive is not my worry because this is capital expenditure. You did not mention what to me is the most important point in connection with the matter, and that is giving such a man the tools to work with. It is little use employing him unless we supply him with what he needs for his work. He would need a typist, supplies, postage, some travelling expenses, etc., all of which would increase several items in our budget as you will realize. In order to cover these items and to be safe, I estimate that the cost would be equal to the salary paid the individual. This is about as close as we can get to the cost of such a proposition without actually doing it.”

(o) **Capital Expense.** The report of the minutes of the Committee on Headquarters property on December 18, 1958, gives you the needs as they see them and you have a copy of the minutes.

(p) As you read these many resolutions asking for financial support you become aware of the need. In themselves, they all appear to be worthy of your support. It is not for me to tell you, the Board of Governors, what to do, but I believe this to be of very great importance, perhaps the most important item on this agenda and that you must decide on a policy that is financially workable.

(q) On January 12, 1959, as instructed at the last annual meeting, the Secretary wrote to the Board of Governors and all officers of the Association in reference to the needs of the Association and I think that letter should be read into the minutes of this Association.

Talking Points on Association Needs

- (i) The dental profession will be just what we choose to make it ourselves. Experience has shown that we can anticipate extremely little real assistance from agencies outside the profession.

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- (ii) We are living in inflationary times and there is every indication of more inflation ahead. The Association operates on a fixed budget. To sustain the present activities of the Association the costs increase every year in spite of endeavour to keep costs down. Under inflationary conditions the annual budget must provide for annual increases in order to maintain present activities.
- (iii) The demands on the Association have increased tremendously. For the most part these demands are for activities that are constructive for the profession and it is discouraging to turn them down for financial reasons.
- (iv) Why? More rapidly than the average dentist realizes or desires to think, we are moving into new social environments. The drift is toward group or collective arrangements whereby the individual counts for less and less. This is a general statement but the pressures of this movement are increasing and the dentist is traditionally an individualist.
- (v) Only a few decades ago governments took extremely little interest in health services (The first health department in any Canadian government was established during the second decade of this century.) Up until recent years representatives of a health profession could make statements to government authorities without question in acceptance. Today health services are one of the main interests of government and any statement must be accompanied with proof. As a result there is urgent need for a profession to have expert personnel in areas for which dentists are not trained.
- (vi) One important area of need is in the matter of statistical data related to Canadian dentistry. The securing, analysing and presentation of statistics is a science in itself. Statistical facts related to Canadian dentistry need to be current and reliable. In order to accomplish this it would be necessary to establish a bureau of economics at headquarters with a capable statistician in charge. Such an individual would become an authority on statistics related to dentistry. Spasmodic efforts by employing outside agencies will not provide the necessary protection for the profession.
- (vii) A current need exists for statistical information. At present there is considerable dependence, government and otherwise, upon the CDA for such data which unfortunately the Association is unable to meet except in a partial manner. In our opinion protection for the future is to a considerable extent dependent upon the dental profession supplying this need. Practically all national health associations today, both those in countries with and without health insurance, have established such a bureau in their headquarters as a necessity.
- (viii) The cost of establishing a bureau of economics involves salary of

the individual employed, plus an estimated equal amount in order to provide the tools for the work, probably \$15,000 to \$20,000 a year. The Association is unable to meet this expenditure at present.

- (ix) Cognizance should be taken of the fact that dentistry is receiving more and more attention, moving faster into the movement known as Social Security as stated above in items (ii) and (v). Exact data will become increasingly necessary and some agency will furnish it. The dental profession should be in a position to supply it or, if supplied from elsewhere, in a position to refute it when necessary. To be in such position, dental data must be secured by proven methods, prepared in acceptable forms and presented on a level acceptable to economists and statisticians. All of which demands expert personnel thoroughly familiar with all aspects of dentistry.
- (x) Another area where the Association is inefficient is in legal matters. Recognition has been taken on this point by resolutions adopted by the Board of Governors during the last two annual meetings.
- (xi) The Executive is fully aware of the situation and also recognizes a solution, the cost of which is beyond reach. The need is the employment of a fully qualified legal person who would become a specialist in law related to the dental profession. Recognition should be taken of the fact that related to the social movement taking place there is an abundance of legislation indirectly related to the profession which needs careful study.
- (xii) The future of the profession is directly related to these legal enactments as we all know. The need is for a well-qualified man of the legal profession so saturated in dentistry through familiarity with legislation on a world basis that he can advise competently. The employment of such an individual appears to be the plausible solution. The expense involved is not possible at present.
- (xiii) Experience has shown that several Corporate Members find difficulty in securing competence in legal matters. The fault does not lie with the respective legal counsel. The difficulty is that lawyers acting for the provinces have no real source of accurate legal information related to dentistry. This proposal would mean the establishment of a recognized source of advice between lawyers.
- (xiv) In discussion of this proposal some have said that the result would mean savings in legal expenses for Corporate Members. This is probably true in the long run but such statement should be qualified. The legal complications of the profession are rapidly increasing as some provinces know only too well. The establishment of a legal bureau at headquarters would not replace or lessen the need for competent legal advisors on the provincial level but

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would increase efficiency in dealing with legal matters in the whole area of law.

- (xv) Again it should be plainly stated that the expense involved in employing a competent legal person involves more than the salary of such a person. Several items of the budget are involved in establishing such a bureau.
- (xvi) Of the needs of the Association the above two appear greatest for the protection of the profession. There are many other activities which would benefit the profession and will be undertaken when and if support is found.
- (xvii) During recent years much confused thinking has been exhibited in the area of public relations, not only in our own profession but in others as well. Proposals have been made without knowledge of costs for implementation and such costs were prohibitive and probably always will be. The proposers of such action in some instances have been the first to acknowledge with further understanding that their proposal was unwise. This is a most difficult field.
- (xviii) Almost any activity of a public relations nature receives severe criticism from some sector of the membership. Either the conservative element of the profession protests that the project is unprofessional or the liberal members criticize the same project as weak.
- (xix) The employment of some agency for public relations purposes has occurred in some provinces. Such action may be advisable and indeed necessary in an emergency. However, such action should be carefully assessed in the light of overall experience.
- (xx) To be successful any public relations activity needs to be factual and carried on a continuing basis over a long period of time. The C.D.A. has carried on a modest public relations program. The main difficulty has been availability of factual information. It is very dangerous to proceed in such programs based upon unsound information.
- (xxi) The need is for basic information, scientific, statistical and legal, as related above in items (v) to (xii). The C.D.A. has found no difficulty in securing the means for public information for the most part on a free basis when suitable factual information was available. The difficulty has been in the lack of means to provide sound information. As a matter of fact most of the work done by outside agencies has depended largely upon C.D.A. source data. The real need is for increase in reliable information that can be utilized.
- (xxii) As a matter of fact basic information is a need for the work of practically all committees of the Association.

- (xxiii) All national health associations have found it necessary to expand activities during recent years in order to meet pressing problems as related above. Comparatively, certain items from the financial statements of three health associations have been studied in relationship to these proposals. The amounts have been verified by the association concerned. Study of these figures illustrates remarkable expansion of activities and it is observed that the C.D.A. has not kept proportionate pace.
- (xxiv) The C.D.A. has two ways to secure increased funds: (1) Increased membership; (2) Increased grants from Corporate Members. All know that the first method will secure extremely little increase in revenue for many years to come.
- (xxv) Primarily this statement is presented to set forth needs of the profession and in answer to some criticism that the Association is not fulfilling all the demands made upon it. It is not intended as a plea for more money but rather an explanation as to why some activities are not being undertaken. This is not an all-inclusive statement but rather an attempt to indicate basic needs for the protection of the profession.
- (xxvi) If the above suggestions were made possible a plan for efficient organization of Association work is possible. Such a plan would represent some division of responsibilities, subject to alteration, but in reality means a team effort in each area.
- (xxvii) A prime need is for the Association to be of assistance to Corporate Members in all possible ways. The proposals herein, subject to modifications, offer real possibilities for the advancement of the profession as a whole.

4. Reserve Fund

It is recognized by financial authorities that it is good business for an organization such as ours to have a reserve fund of double the annual budget, which would be approximately \$250,000. I am pleased to report that at present our reserve fund has reached \$95,559.11.

Dr. Gullett, in a letter to the Executive Committee, gives the following reasons for the necessity of an adequate reserve:

“Just how does dentistry as a profession expect to obtain prestige unless they do some of the things that make for prestige?

The building of our present reserve has been an arduous task and of course, it could easily be dissipated. Perhaps I can be of some assistance to you in meeting arguments if I enumerate some reasons.

“(a) Confidence—it is just good business, both practically and psychologically, to have a good substantial reserve fund. The business world is full of examples and the firms with a good substantial reserve are the ones we want to do business with, and do give recognition to.

“(b) Depreciation — the C.D.A. now has a substantial plant and must provide for depreciation. We do not operate a depreciation account but look upon the reserve as containing provisions for depreciation. Up to the present time we have tried to purchase equipment, et cetera, out of surplus, but this procedure is rapidly passing and we will have to make such purchases out of capital or reserve account. Machines wear out as does everything else. We are well covered with fire insurance but if we had a disastrous fire today, it would take our insurance money plus our reserve to re-establish ourselves.

“(c) Maintenance — we must maintain our present operation. Inflation, regretfully, is with us and there is no sign of let up. Everything costs more this year than last. We passed a budget for 1959 a few weeks ago at the annual meeting and I already know of rising costs in two or three items which will not be covered. We were notified a week ago of a 52% increase in printing costs for the Journal. This is quite fantastic and would raise our costs by over twelve thousand dollars a year. Of course, we are frantically negotiating with other printing firms, and we know that a new contract will cost us more than estimated in the budget. This sort of thing frightens and illustrates what can happen to us.

“(d) The C.D.A. is a voluntary body and dependent upon the provinces for financial support. By force, from occupying this position, I perhaps know better than anyone else what this means. The attitude of dentists, from province to province, differs, and differing reasoning is required from area to area, as I know so well. It has not always been easy to hold them together. Let us have an important, critical decision which we are forced to make and even today it is possible to have one or more provinces decide to withdraw support. We hope such eventuality never occurs, but we must protect ourselves. Corporate members are in a very different position respecting financial support, as you well know.

“(e) Nothing succeeds like success. I have one individual who has fifty thousand dollars in his will to be administered as a trust by the C.D.A. In order to obtain this, I had to do two things:

- (i) First, he examined our financial statement, as a business man, and pointed out our lack of reserve which was only eighteen thousand dollars at the time. I related to him the Executive policy of building reserve, which he accepted. Incidentally he takes a real interest in our annual auditors' statement, in confirmation of established policy.
- (ii) Secondly, I had to secure from Ottawa, relief from taxation on the amount. His point about reserve is the same as when dealing with foundations or governments, and it means a great deal in our contemplated future.

“(f) Looking at the position of Secretary, in an impersonal manner,

as well as any other position the C.D.A. may have, reserve is an important matter. I experienced C.D.A. with no assets and I vowed that such a situation would not be repeated. Of course it will always be possible to hire somebody, but if the profession wants the right type of personnel, then we will need to have a recognized stable financial position.

"All professional organizations are facing these same issues, particularly the health professions. This is due to the social movement and the coinciding government interest in health, which I have tried to portray on various occasions. This matter is difficult to get across to the dentist who confines his entire attention to his own small office. However, we have a duty now to speak out because when this same dentist is affected, he is the first to complain and the loudest. We hear on every side from dentists that we should make dentistry bigger and bigger, but I fear that many do not want to do the things that make dentistry, not only look big but be big. The importance of reserve is in this category."

5. Bonds

At the annual meeting, the Secretary and Chairman of Finance were instructed to make a survey as to improvement of our bond list. As it so often happens, the Secretary made the survey and he was in touch with me in this regard and we cannot suggest to you any advantageous changes in our bond list.

The bond list appears in Appendix C.

Total as of Dec. 31, 1958, par value -	-	-	-	\$89,500.00
and we paid -	-	-	-	87,842.25

6. Headquarters Property

By a resolution adopted at the annual meeting, the responsibilities of this committee were defined. The committee is to be responsible for repairs and maintenance out of its income but depreciation, major repairs, new furnishings and equipment are to be charged to the capital expense account.

The Headquarters Property Committee, at its meeting January 13, 1959, and the Executive Committee, authorized proceeding with repairs and alterations according to the estimates to the amount of \$5,162.12, of which the committee accepts responsibility for payment of \$1,500.00, leaving a balance of \$3,662.12 the responsibility of the Association.

7. Current Expenses

This problem is giving your secretary considerable worry. For a number of years, with the same amount of money available, it has become impossible to buy the same amount of services and supplies. This isn't something new to this Association. This is the third time this problem has raised its ugly head during my time on the finance committee. I well remember the late Dr. Ken

FINANCE

Carver speaking to the Board of Governors on this subject. Then, a few years ago, we were face to face with the same problem, and now again.

Let us see what has happened to the purchasing power of the Canadian dollar as measured by the wholesale price index as compiled by the Dominion Bureau of Statistics.

Using the 1940 average as a base of 100, there has been a continuous annual increase from then until now. I will not bore you with the yearly averages, but, according to the Dominion Bureau, on November 30, 1958, the average figure was 228.5. A more impressive way, to me, of saying the same thing is that our Canadian dollar of 1940 is now worth 44 cents.

In a recent report of one of our banks, the President said: "We are confronted with an economist's hell on earth — inflation and increased prices."

We might just as well face the fact, that in reality, we have only one source of revenue left and that is provincial grants from the legal bodies. Their only source is per capita fee and this should be RAISED. There is no substitute for good business management.

In my opinion, a balanced budget will be an important and welcome assurance to the members of our association and to prove that all of us are determined to fulfill our responsibilities to this profession.

Gentlemen, this problem should be faced by the Board of Governors and brought through them to the dentists of Canada.

8. The report of the Executive to this Annual Meeting contains a special report on the increased demands upon the financial resources of the Association and the need for additional funds. Your finance chairman concurs in the recommendation of the Executive that increased per capita grants be requested.

9. Auditor's Financial Statement for 1958 appears as Appendix A at the end of this report.

10. Comment on Financial Statement for year ending December 31, 1958 appears as Appendix B.

11. List of Securities held as of December 31, 1958 appears as Appendix C.

12. Budget Allotment of Committees was provided to the Reference Committee.

13. Budget of Revenue and Expenditure for 1960 appears as Appendix D.

14. There should be some discussion about the terms of reference of the Finance Committee to send on to the By-laws Committee. You will remember that the status of the Finance Committee, with only a chairman, was not left definite but on trial.

15. The financial statement has been approved by the Executive after detailed study, and the firm of auditors re-appointed. The budget for 1960 is submitted with Executive approval.

Appendix A

AUDITORS' REPORT

We have examined the accounts of the Canadian Dental Association for the year ended December 31, 1958 and report that, in our opinion, the accompanying balance sheet and related statements of revenue and expenditure and receipts and disbursements present fairly the financial position of the Association as at December 31, 1958 and its financial transactions for the year ended on that date, exclusive of the accounts of the Committee on Publications, according to the best of our information and the explanations given us and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON,
Chartered Accountants.

Toronto, Canada,
February 19, 1959.

FINANCE

Balance Sheet December 31, 1958

Assets

General Account:

Cash on hand and in bank	\$ 27,589.60		
Accounts receivable	3,664.24		
Prepaid expenses and air travel deposit	1,422.17		
Office furniture and fixtures	\$ 17,528.62		
Less Accumulated depreciation	9,867.52	7,661.10	\$ 40,337.11

Housing Fund:

Cash on hand and in bank	7,006.09		
Prepaid insurance	231.07		
Land, 234 St. George Street, Toronto	5,100.00		
Building, 234 St. George Street, Toronto	68,111.26		
Less Accumulated depreciation	13,468.44	54,642.82	
Furnishings and equipment	12,175.25		
Less Accumulated depreciation	8,828.23	3,347.02	70,327.00

Dental Research Fund:

Cash in bank			1,248.93
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War Memorial Award Fund:

Cash in bank	244.72		
Government and government guaranteed bonds at cost (quoted market value \$7,663.75)	8,420.37		
Interest accrued on bonds	82.81		8,747.90

Council on Dental Education:

Cash in bank			8,748.71
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The Grieve Memorial Lectureship Fund:

Cash in bank	169.02		
Government and government guaranteed bonds at cost (quoted market value \$5,186.25)	5,348.13		
Interest accrued on bonds	74.58		5,591.73

Library Trust Fund:

Cash in bank	3,623.04		
Books	6,248.85		
Less Accumulated depreciation	5,943.29	305.56	3,928.60

Reserve Fund:

Cash in bank	4,635.44		
Government and government guaranteed bonds at cost (quoted market value \$83,460.00)	89,802.25		
Accrued interest on bonds	1,121.42		95,559.11

Employees' Pension Account:

Cash in bank			3,925.38
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\$238,414.47

Balance Sheet December 31, 1958

Liabilities

General Account:

Accounts payable		\$ 2,912.63	
Sales tax payable		83.94	
Surplus:			
Balance, December 31, 1957	\$ 23,521.65		
Surplus for year 1958	13,818.89	37,340.54	\$ 40,337.11

Housing Fund:

Accounts payable		162.14	
Surplus:			
Balance, December 31, 1957	72,261.16		
Deficit from building operations for 1958	2,096.30	70,164.86	70,327.00

Dental Research Fund:

Surplus, December 31, 1957		2,338.82	
Deficit for year 1958		1,089.89	1,248.93

War Memorial Award Fund:

Surplus, December 31, 1957		8,666.10	
Surplus for year 1958		81.80	8,747.90

Council on Dental Education:

Surplus, December 31, 1957		6,983.68	
Surplus for year 1958		1,765.03	8,748.71

The Grieve Memorial Lectureship Fund:

Surplus, December 31, 1957		5,565.39	
Surplus for year 1958		26.34	5,591.73

Library Trust Fund:

Accounts payable		35.50	
Surplus, December 31, 1957	3,826.94		
Surplus for year 1958	66.16	3,893.10	3,928.60

Reserve Fund:

Surplus, December 31, 1957		81,100.10	
Surplus for year 1958		14,459.01	95,559.11

Employees' Pension Account:

Account payable		3,865.16	
Surplus, December 31, 1957	39.17		
Surplus for year 1958	21.05	60.22	3,925.38
			<u>\$238,414.47</u>

FINANCE

GENERAL STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1958

Revenue

Grants from corporate members:

British Columbia	\$ 15,825.00
Alberta	10,500.00
Saskatchewan	5,150.00
Manitoba	6,012.50
Ontario	59,450.00
Quebec	25,845.00
New Brunswick	2,500.00
Nova Scotia	4,987.00
Prince Edward Island	825.00
Newfoundland	925.00

National convention 1958	\$132,019.50
Sale of pamphlets, reports and printing	2,890.50
Sundry revenue	9,054.32
	280.00
	\$144,244.32

Expenditure

Grants:

Committee on Publications	\$ 14,500.00
Council on dental education	4,000.00
Dental research fund	6,500.00
Federation Dentaire Internationale	874.80
Sundry grants	100.00
	\$ 25,974.80
Officers and clerical salaries	44,376.31
Officers' and employees' pension plan	4,895.28
Unemployment insurance	198.08
Hospital insurance	434.80
Committee expenses (not including committees receiving grants)	2,330.94
Officers' expenses	5,219.46
Board of Governors meeting expenses	7,750.63
Legal and audit	715.00
Library expenses	134.02
Pamphlets, reports and printing	14,313.56
Housing fund, rent	4,320.00

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Translations	805.00
Office supplies and miscellaneous expenses	3,500.08
Telephone and telegraph	707.02
Postage	2,701.15
Depreciation, office furniture and fixtures	1,752.86
Transfers to reserve fund	10,000.00
Insurance	99.54
Loss on disposal of fixed assets	196.90
	130,425.43
Surplus for year, after giving effect to the transfer of \$10,000.00 to reserve fund	13,818.89
	<u>\$144,244.32</u>

HOUSING FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1958

Revenue

Rentals	\$ 6,660.00
Sundry revenue	10.00
	<u>\$ 6,670.00</u>

Expenditure

Repairs and maintenance	\$ 1,597.41
Taxes	932.50
Janitor	675.00
Heat	483.75
Gas and water	294.41
Light	550.98
Insurance	225.54
Audit	75.00
General expenses	11.40
Depreciation on building	1,702.78
Depreciation on furnishings and equipment	1,217.53
Grant to reserve fund	1,000.00
	8,766.30
Deficit for year	2,096.30
	<u>\$ 6,670.00</u>

FINANCE

DENTAL RESEARCH FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1958

Revenue

Grant, Canadian Dental Association, from general accounts	\$ 6,500.00
Transfer from Canadian Dental Research Foundation	492.99
Bank interest	13.91
	\$ 7,006.90

Expenditure

Studentships	\$ 7,660.00
Reprints	356.71
Audit	25.00
General expenses	55.08
	8,096.79
Deficit for year	1,089.89
	\$ 7,006.90

WAR MEMORIAL AWARD FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1958

Revenue

Bond interest	\$ 280.00
Bank interest and exchange	1.80
	\$ 281.80

Expenditure

Essay awards	\$ 200.00
Surplus for year	81.80
	\$ 281.80

COUNCIL ON DENTAL EDUCATION
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1958

Revenue

Grants:

Canadian Dental Association, from general account	\$ 4,000.00	
W. K. Kellogg Foundation	1,140.00	
		\$ 5,140.00

Bank interest		119.05
		<u>\$ 5,259.05</u>

Expenditure

Council meeting expenses	\$ 2,252.02
Expenses re survey of dental schools	1,000.00
Conferences on dental education (teacher training courses)	242.00
	3,494.02

Surplus for year	1,765.03
	<u>\$ 5,259.05</u>

THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1958

Revenue

Bond interest	\$ 200.00
Bank interest	3.84
	<u>\$ 203.84</u>

Expenditure

Orthodontic Section of Canadian Dental Association	\$ 177.50
Surplus for year	26.34
	<u>\$ 203.84</u>

FINANCE

LIBRARY TRUST FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1958

Revenue

Donations	\$ 1,035.00
Bank interest	66.93
	\$ 1,101.93

Expenditure

Binding books, journals, etc.	\$ 294.75
Depreciation on books	740.12
Bank charges	.90
	1,035.77
Surplus	66.16
	\$ 1,101.93

RESERVE FUND
STATEMENT OF REVENUE
Year ended December 31, 1958

Revenue

Transfers from general account	\$ 10,000.00
Grant from housing fund	1,000.00
Interest on bonds	3,390.58
Bank interest	68.43
Surplus for year	\$ 14,459.01

EMPLOYEES' PENSION ACCOUNT
STATEMENT OF REVENUE
Year ended December 31, 1958

Revenue

Bank interest	\$ 21.05
Surplus for year	21.05

GENERAL
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1958

Receipts

Cash on hand and in bank, December 31, 1957		\$ 17,535.13
Grants from corporate members:		
British Columbia	\$ 15,825.00	
Alberta	10,500.00	
Saskatchewan	5,150.00	
Manitoba	6,012.50	
Ontario	59,450.00	
Quebec	25,845.00	
New Brunswick	2,500.00	
Nova Scotia	4,987.00	
Prince Edward Island	825.00	
Newfoundland	925.00	
		132,019.50
Sale of pamphlets, reports and printing (including sales tax)		9,779.95
Sundry receipts		280.00
Sales of office equipment		35.00
		<u>\$159,649.58</u>

Disbursements

Grants:		
Committee on Publications	\$ 14,500.00	
Council on dental education	4,000.00	
Dental research fund	6,500.00	
Federation Dentaire Internationale	874.80	
Sundry grants	100.00	
		\$ 25,974.80
Office furniture and fixtures		4,584.75
National Convention, 1958		109.50
National Convention, 1959		100.00
Officers and clerical salaries		44,376.31
Officers' and employees' pension plan		4,895.28
Unemployment insurance		198.08
Hospital insurance		434.80
Committee expenses (not including Committees receiving grants)		2,460.39
Officers' expenses		5,256.76

FINANCE

Board of Governors Meeting expense	7,229.98
Sales tax	713.00
Legal and audit	715.00
Library expenses	137.68
Pamphlets, reports and printing	12,689.41
Housing fund, rent	4,320.00
Translations	805.00
Office supplies and miscellaneous expenses	3,467.42
Telephone and telegraph	702.52
Postage	2,818.30
Transfers to reserve fund	10,000.00
Insurance	71.00
	132,059.98
Cash on hand and in bank, December 31, 1958	27,589.60
	<u>\$159,649.58</u>

HOUSING FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1958

Receipts

Cash on hand and in bank, December 31, 1957	\$ 6,603.53
Rentals	6,660.00
	<u>\$ 13,263.53</u>

Disbursements

Repairs and maintenance	\$ 1,559.10
Furnishings and equipment	732.59
Taxes	932.50
Janitor	675.00
Heat	471.44
Gas and water	264.41
Light	546.00
Audit	75.00
General expenses	1.40
Grant to reserve fund	1,000.00
	6,257.44
Cash on hand and in bank, December 31, 1958	7,006.09
	<u>\$ 13,263.53</u>

DENTAL RESEARCH FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1958

Receipts

Cash in bank, December 31, 1957	\$ 2,338.82
Grant, Canadian Dental Association, from general account	6,500.00
Transfer from Canadian Dental Research Foundation	492.99
Bank interest	13.91
	\$ 9,345.72

Disbursements

Studentships	\$ 7,660.00
Reprints	356.71
Audit	25.00
General expenses	55.08
	8,096.79
Cash in bank, December 31, 1958	1,248.93
	\$ 9,345.72

WAR MEMORIAL AWARD FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1958

Receipts

Cash in bank, December 31, 1957	\$ 175.42
Bond interest	267.50
Bank interest and exchange	1.80
	\$ 444.72

Disbursements

Essay awards	\$ 200.00
Cash in bank, December 31, 1958	244.72
	\$ 444.72

FINANCE

COUNCIL ON DENTAL EDUCATION
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1958

Receipts

Cash in bank, December 31, 1957		\$ 7,089.75
Grants:		
Canadian Dental Association, from general account	\$ 4,000.00	
W. K. Kellogg Foundation	1,140.00	
		5,140.00
Bank interest		119.05
		<u>\$ 12,348.80</u>

Disbursements

Council meeting expenses	\$ 2,252.02
Expenses re survey of dental schools	1,000.00
Conferences on dental education (teacher training courses)	242.00
Purchase of pamphlets	106.07
	3,600.09
Cash in bank, December 31, 1958	8,748.71
	<u>\$ 12,348.80</u>

THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1958

Receipts

Cash in bank, December 31, 1957	\$ 165.18
Bond interest	177.50
Bank interest	3.84
	<u>\$ 346.52</u>

Disbursements

Orthodontic Section of Canadian Dental Association	\$ 177.50
Cash in bank, December 31, 1958	169.02
	<u>\$ 346.52</u>

LIBRARY TRUST FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1958

Receipts

Cash in bank, December 31, 1957	\$ 3,421.02
Books sold	257.50
Donations	1,035.00
Bank interest	66.93
	\$ 4,780.45

Disbursements

Books purchased	\$ 847.26
Binding books, journals, etc.	309.25
Bank charges	.90
	1,157.41
Cash in bank, December 31, 1958	3,623.04
	\$ 4,780.45

RESERVE FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1958

Receipts

Cash in bank, December 31, 1957	\$ 11,907.45
Transfers from general account	10,000.00
Grant from housing fund	1,000.00
Interest on bonds	3,044.56
Bank interest	68.43
	\$ 26,020.44

Disbursements

Bonds and debentures purchased:	
Government of Canada bonds, 3¾%, par value \$10,000.00, due January 15, 1978	\$ 9,650.00
Hydro-Electric Power Commission of Ontario bonds, 5%, par value \$5,000.00 due October 15, 1978	4,925.00

FINANCE

Canadian National Railways, 4% bonds, par value \$5,000.00, due February 1, 1981	4,850.00
Alberta Government Telephones Commission debentures, 4¼%, par value \$2,000.00, due July 2, 1978	1,960.00
	21,385.00
Cash in bank, December 31, 1958	4,635.44
	<u>\$ 26,020.44</u>

EMPLOYEES' PENSION ACCOUNT

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1958

Receipts

Cash in bank, December 31, 1957		\$ 3,904.30
Contributions:		
Canadian Dental Association, from general account	\$ 4,460.28	
Employees	1,496.16	
		5,956.44
Bank interest		21.05
		<u>\$ 9,881.79</u>

Disbursements

Canadian Dental Association Pension — Assurance Plan	\$ 5,956.41
Cash in bank, December 31, 1958	3,925.38
	<u>\$ 9,881.79</u>

Note:

Above cash in bank, December 31, 1958, includes \$3,865.16
which amount is payable to Canadian Dental Association
Pension-Assurance Plan.

COMMENT ON
FINANCIAL STATEMENT FOR YEAR ENDING DEC. 31, 1958
STATEMENT OF RECEIPTS AND DISBURSEMENTS
GENERAL ACCOUNT
BY COMPARISON 1957 - 1958

A. Receipts

1.	Cash on hand and in Bank	
	Dec. 31, 1958	\$ 27,589.60*
	Dec. 31, 1957	17,535.13
	*Expenses of annual Meeting not paid in total at time of audit.	
2.	Revenue	
	Dec. 31, 1958	144,244.32
	Dec. 31, 1957	141,238.04
3.	Expenditure	
	Total Expenditure 1958	130,425.43
	Total Expenditure 1957	139,118.63
4.	Grants	
	1958 Grants from provinces	132,019.50
	1957 Grants from provinces	131,565.00
	For comparison, the increase of grants	
	of 1956 over that of 1955	3,100.00
	of 1957 over that of 1956	7,465.00
	of 1958 over that of 1957	454.50
	You will note that from our only real source of revenue the amount has almost become static.	
5.	Interest on Bonds	
	1958 Interest	3,390.58
	1957 Interest	2,160.78
6.	Reserve Fund	
	Total amount placed in fund 1958	14,459.01
	Total amount placed in fund 1957	34,676.50
	This amount for 1958 is made up through the following items:	
	A. Transfer from General Fund	10,000.00
	B. Grant from Housing Fund	1,000.00
	C. Interest	3,390.53

We were unable to put as much in reserve fund as in 1957. The total amount in the Reserve Fund is

FINANCE

\$95,559.11. Of this amount \$4,635.44 is cash in the Bank at the end of 1958. Dr. Gullett and I discussed this amount of cash and decided not to purchase any further bonds for the reason that our grants from provinces do not start to come in until some time in March.

7. Bonds purchased during the year

In January

\$5,000.00 Canadian National Railway Co. (Guaranteed by Government of Canada) 4% Bonds — due Feb. 1, 1981 @ \$97.00 (\$4,850.00)

In April

\$10,000 Government of Canada 3¾ Bonds due Jan. 15th, 1978 @ \$96.50 (\$9,650.00)

In June 27/58

The Alberta Government Telephones Commission \$2,000.00 (guaranteed by Province of Alberta) 4¼ Debentures due July 2, 1978 @ \$98.00 — \$1,960.00

In October 10/58

\$5,000.00 Hydro-Electric Power Commission of Ontario (guaranteed by Province of Ontario) 5% Bonds due Oct. 15, 1978 @ \$98.50 — \$4,925.00

Government of Canada Conversion affected funds in the trust accounts. In the Grieve Memorial Fund \$4,500.00 bonds 3% 1966 were converted to the same amount 4½ 1983. Likewise \$2,500.00 bonds 3% 1966 were converted to the same amount 4½ 1983. The result will be increased interest earnings in both these funds.

B. Disbursements

1.	Grants to Committees	
	1958 Grants	\$ 25,974.80
	1957 Grants	23,893.96
2.	Salaries to Staff	
	1958	44,376.31
	1957	37,392.23
3.	Committee Expenses	
	1958	2,460.39
	1957	3,374.16
4.	Board of Governor Meeting Expenses	
	1958	7,229.98
	1957	9,175.17

The more central the meeting place of the Board of Governors the lower the expenses of the meeting. By this statement I do not advocate central meeting places because we know that the advantages of meeting in the several provinces much outweigh any financial gain.

5. Trust Funds

These trust funds are for special purposes under trust deeds and cannot be used for other association purposes.

Appendix C

GOVERNMENT AND GOVERNMENT GUARANTEED BONDS

	Par	Paid	Market Value Mar. 16, 1959
Government of Canada			
3¼% June 1, 1976	\$ 1,000.00	\$ 990.00	
3¼% June 1, 1976	2,000.00	1,997.50	\$ 2,400.00
3¼% Oct. 1, 1979	1,000.00	972.50	
3¼% Oct. 1, 1979	10,000.00	9,750.00	
3¼% Oct. 1, 1979	5,000.00	4,550.00	12,640.00
3¾% Jan. 15, 1978	10,000.00	9,650.00	8,450.00
Province of Ontario			
4% Dec. 15, 1961	3,000.00	3,000.00	2,902.50
4% Jan. 1, 1966/68	1,000.00	997.50	925.00
3% Sept. 1, 1965	4,000.00	4,000.00	3,530.00
4¼% May 15, 1971/74	3,000.00	3,000.00	2,707.50
5% July 15, 1975	15,000.00	14,850.00	14,737.50
4¼% May 15, 1971/74	2,000.00	2,012.50	1,805.00
Province of Quebec			
3% Oct. 1, 1963	500.00	500.00	456.25
4% Apr. 15, 1966	1,000.00	995.00	942.50
Province of British Columbia			
3% June 15, 1964	500.00	491.25	448.75
Province of Prince Edward Island			
4¼% Dec. 1, 1967	1,000.00	993.75	910.50
Province of New Brunswick			
3¼% Apr. 15, 1970	1,000.00	987.50	810.00
Province of Nova Scotia			
5% Dec. 15, 1973	5,000.00	4,962.50	4,775.00

FINANCE

Hydro-Electric Power Commission
of Ontario (Guaranteed by Prov.)

4½% July 15, 1969	2,000.00	1,985.00	1,865.00
3% April 1, 1968/70	500.00	498.75	413.75
4¾% Aug. 15, 1975	2,000.00	1,940.00	1,905.00
5% Nov. 15, 1976	5,000.00	4,975.00	4,875.00
5% Oct. 15, 1978	5,000.00	4,925.00	4,862.50

Quebec Hydro-Electric Commission
(Guaranteed by Prov. of Quebec)

5% Nov. 15, 1982	1,000.00	983.50	970.00
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Canadian National Railways
(Guaranteed by Gov. of Canada)

3¾% Feb. 1, 1972/74	3,000.00	2,985.00	2,865.00
4% Feb. 1, 1981	5,000.00	4,850.00	4,756.25

TOTALS as of Dec. 31, 1958	<u>\$89,500.00</u>	<u>\$87,842.25</u>	<u>\$80,953.00</u>
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GRIEVE MEMORIAL LECTURESHIP FUND

Government of Canada
(Conversion Loan)

4½% Sept. 1, 1983	\$ 3,500.00	\$ 3,408.13	\$ 4,168.12
4½% Sept. 1, 1983	1,000.00	935.00	

Hydro-Electric Power Commission
of Ontario (guaranteed by Prov.)

4½% Nov. 1, 1964/67	1,000.00	1,005.00	937.50
As of December 31, 1958	<u>\$ 5,500.00</u>	<u>\$ 5,348.13</u>	<u>\$ 5,105.62</u>

WAR MEMORIAL SCHOLARSHIP FUND

Government of Canada
(Conversion Loan)

4½% Sept. 1, 1983	\$ 2,500.00	\$ 2,621.87	\$ 2,315.62
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Province of Ontario

3% April 15, 1965	1,000.00	997.50	890.00
4½% May 15, 1971/74	1,000.00	1,006.25	902.50

Province of Quebec

3% Oct. 1, 1963	1,000.00	925.00	915.00
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Province of Manitoba

3% Feb. 15, 1967	1,000.00	993.75	852.50
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Province of Nova Scotia

3% Dec. 15, 1967	1,000.00	890.00	820.00
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Hydro-Electric Power Commission
of Ontario (guaranteed by Prov.)

3% Jan. 15, 1968	1,000.00	986.00	850.00
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As of December 31, 1958	<u>\$ 8,500.00</u>	<u>\$ 8,420.37</u>	<u>\$ 7,545.62</u>
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Appendix D

1960 BUDGET

Revenue

	1958 Actual	1959 Budget	1960 Budget
Grants from Corporate Members			
British Columbia	\$ 15,825.00	\$ 15,900.00	\$ 16,000.00
Alberta	10,500.00	10,500.00	10,750.00
Saskatchewan	5,150.00	5,200.00	5,000.00
Manitoba	6,012.50	6,000.00	6,000.00
Ontario	59,450.00	59,300.00	60,000.00
Quebec	25,845.00	33,100.00	32,500.00
New Brunswick	2,500.00	2,500.00	2,500.00
Nova Scotia	4,987.00	5,000.00	5,000.00
Prince Edward Island	825.00	850.00	850.00
Newfoundland	925.00	950.00	900.00
National Convention	2,890.50	100.00	100.00
Sale of Pamphlets and reports	9,054.32	3,500.00	4,000.00
Sundry	280.00	300.00	250.00
	<u>\$144,244.32</u>	<u>\$143,200.00</u>	<u>\$143,850.00</u>

Expenditures

	1958 Actual	1959 Budget	1960 Budget
Grants			
Committee on Publications	\$ 14,500.00	\$ 15,000.00	\$ 15,000.00
Council on Dental Education	4,000.00	4,750.00	4,750.00
Dental Research Fund	6,500.00	7,500.00	7,500.00
Federation Dentaire Internationale	874.80	900.00	1,250.00
Library	—	—	1,000.00
Sundry grants	100.00	150.00	150.00
Officers and Clerical salaries	44,376.31	47,000.00	52,000.00

FINANCE

Officers and employees pension plan	4,895.28	5,250.00	5,400.00
Unemployment insurance	198.08	200.00	200.00
Hospital insurance	434.80	550.00	550.00
Committee expenses (other than grants)	2,330.94	7,250.00	6,750.00
Officers expenses	5,219.46	6,000.00	6,000.00
Board of Governors Meeting	7,750.63	8,000.00	8,500.00
Legal and audit	715.00	750.00	750.00
Library expenses	134.02	200.00	200.00
Pamphlets, reports and printing	14,313.56	10,000.00	11,000.00
Housing fund	4,320.00	5,400.00	5,400.00
Translations	805.00	750.00	900.00
Office supplies	3,500.08	3,000.00	3,500.00
Telephone and Telegraph	707.02	750.00	800.00
Postage	2,701.15	3,500.00	3,500.00
Depreciation	1,752.86	1,300.00	3,000.00
Insurance	99.54	50.00	100.00
Transfer to reserve	10,000.00	10,000.00	10,000.00
Contingency Fund		4,500.00	5,000.00
Loss on disposal of fixed assets	196.90		
Totals	<u>\$130,425.43</u>	<u>\$142,750.00</u>	<u>\$153,200.00</u>
Surplus	\$ 13,818.89	\$ 500.00	\$ 9,350.00
			(deficit)

COMMENT and ACTION

1. Noted with satisfaction.
2. The Montreal Convention Committee are to be complimented on their fine showing.
3. WHEREAS it has been clearly shown that the C.D.A., to maintain its position and to face the problems that arise in our times, has to secure the assistance of specialists in legal and economic fields (Appendix A — Executive Committee Report 1959, and also paragraph 3 of Finance Committee report 1959), and
 WHEREAS the information that will be gathered by this specialized personnel can greatly help the corporate members to solve their own provincial problems, and
 WHEREAS the stature of our national body has grown to a point where it must have a greater source of revenue, therefore be it
 RESOLVED that the corporate bodies be requested to increase their annual per capita grants to forty dollars as soon as possible, and be it further
 RESOLVED that the representative of each province be requested to bring this matter, in person, to his own board.

ADOPTED

4. Noted.
5. WHEREAS the reserve fund of the Association now bears an average interest of 4.05%, and
 WHEREAS it is thought that mutual fund plans bear an average interest that is higher than the one now earned by our reserve fund, with the same guarantee of security, therefore be it
 RESOLVED that some thought be given by the Executive Committee to the feasibility of investing reserve funds in a mutual fund plan.

DEFEATED

6. Noted.
- 7, 8. Agreed.
9. Approved.
10. Noted.
11. Information.
- 12, 13. Approved.
14. We strongly recommend that the present method of conducting the affairs of the Finance Committee be continued.
15. Noted.

In recommending the adoption of this report, we wish to congratulate Dr. S. J. Phillips for his excellent report, and thank him most sincerely for his untiring efforts on behalf of the Association.

APPROVED

MEMBERS: *R. A. Rooney, Chairman, Edmonton, Alta.; H. R. MacLean, Edmonton; A. M. Revell, Edmonton.*

REPORT

1. The Committee on Auxiliary Services begs to report on matters affecting the relationship and the status of the various groups of persons who assist us in rendering service to the public.

2. **British Columbia**

During the 1958 session of the legislature, an act was passed regulating the operations of technicians. One of the provisions, as reported by this committee, was that the government, by order-in-council, should appoint a Board of Examiners to establish regulations to implement the provisions of the Act. This board was appointed under the chairmanship of Dr. Gordon Schrum, Dean of Graduate Studies, Department of Physics, University of British Columbia; the other members being Mr. Reg. Keith, a lawyer, Dr. Harold M. Cline, Mr. Wilfred Elder, president of the ethical laboratory association, and Mr. Jerry Smith, president of the so-called "independent laboratories". From information available, this board has met and presumably is still in the process of drafting the necessary regulations but none has, so far, been issued by the government.

3. **Alberta**

The Departmental Committee, proposed by the Minister of Health at the Legislative hearings on the "Denturists" Bill in 1958, to draft regulations for the training, regulating and control of dental technicians in the province, was established under the chairmanship of Deputy Minister of Health. This committee has held several hearings with the various groups involved; i.e. the representatives of the dental profession, the ethical laboratory association and, presumably, the independent or illegal laboratory group but, to date, no such regulations have been compiled or published.

4. It is probably worthy of note that in both British Columbia and Alberta the informally organized Dental Nurses and Assistants Associations have established lecture courses and examining procedures at various centres throughout the two provinces. A surprising amount of interest and enthusiasm has been evidenced by the reception given these courses and the stable attendance at the various lectures. Examining procedures have been organized under the sponsorship of members of the profession but the results of these are not known as yet.

5. These activities indicate the need for formal courses for such training and the response that may be expected in attendance, provided they are suitably organized.

6. Saskatchewan

As reported in 1958, the Council of the Saskatchewan College, after studying other provincial acts for a couple of years, has been drafting a complete new dentistry bill to replace the existing act. The original intention had been to present it at the 1958 session of the Legislature but it was held over for further revision.

7. In the meantime, the ethical technicians of the province had organized—through a voluntary association—as a measure of protection and protest against an illegal laboratory which, about that time, invaded Regina from Winnipeg. After consultation with the Council of the College, it was tentatively agreed that a regulatory bill for technicians should also be presented to the 1959 legislature.

8. The professional bill, in its final draft, had been discussed informally several times with government members and seemed to have tacit approval. Amongst the new provisions were clauses to define more precisely the practice of dentistry, to provide better enforcement and a prescription section.

9. The bill, following first reading, was referred by the legislature to the Law Amendments Committee, which held two morning hearings on March 23rd and 24th. Representations on behalf of the bill were heard from members of the Council of the College, the president of the provincial technicians association and a group of so-called “denturists”. Dr. Gullett, Secretary of the Canadian Dental Association, attended both hearings and voiced the views of the profession at large, enumerating the need for regulatory control for professional operations and the necessity for safeguarding the public in any health measures. Dr. T. J. Cooke, Past President of the Manitoba Dental Association, told the committee of the operations of the illegal labs in Manitoba and the discrepancy between their apparent attitude and their operations, emphasizing that they had not respect for law, had no formal training and no thought other than pecuniary gain.

10. The president of the ethical technicians testified that his group supported the provisions of the dental bill, including the need for a prescription and a precise outline of what constituted the practice of dentistry, emphasizing that a technician, while highly skilled in his own calling, had no training that fitted him for the necessary intra-oral procedures.

11. The “denturists” voiced their usual pious interest in providing people with cheap services and lauded the skill of their members without reference as to how and where these skills could have been acquired.

12. First impressions were that the bill was acceptable to the committee with only minor adjustments to the definition.

13. One important factor that complicated the thinking was a news story or letter published in the Regina Leader Post by the illegal labs, setting forth as

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facts some very palpable falsehoods; for example; that the laboratory association did not favor the dental bill. The paper then refused to publish the reply of the ethical technicians. Later, the same paper ran an editorial emphasizing that it was dangerous to create a monopoly such as the dental bill would create, calling attention to the scarcity of dentists and the difficulty in getting appointments and dwelling on the high cost of dentures for those who could ill afford them. It suggested that probably it would be wise that "denturists" with high standards of training should be permitted to make dentures for the public and with the added thought that the health and welfare of the public must be of supreme importance. The editorial then recommended that the Bill be set over for a year's study.

14. The Amendments Committee sent the bill to the legislature with a recommendation that it be held over for one year and then be considered in conjunction with the proposed technicians bill which, it was agreed in the meantime, would not be presented at the present session. The legislature, however, sent the bill back to committee for further study and recommendation. The committee recommended then that the definition be modified by removing the words "altering or repairing" and again recommended that it be hoisted for a year.

15. Before and during this considerable period of legislative consideration an intensive lobbying campaign had been carried on by the illegal laboratory group both verbally, through the individual MLA's, in the public press and by means of letters and other publications.

16. By this time, consideration of the professional bill had extended nearly a month and adjournment of the legislature was pending. Consideration of other contentious bills had also cut down the time that normally could be allotted proper study. The MLA's, largely from rural districts, were becoming restive to get on the land. On the final day, with little study and with no regard to the recommendations of its own processing committee, the legislature approved deletion of two of the three clauses in the definition of dentistry relating to prosthetic restorations, leaving, in fact, only a section pertaining to operative and surgical procedures. The penalty section, relating to restorative procedures, was drastically deleted and amended and provision inserted that a qualified medical practitioner or a member of the Saskatchewan College must first issue a certificate of oral health for any "denture, bridge, appliance or thing" before anyone could proceed with construction.

17. The sections relating to prescriptions were both deleted entirely.

18. Information is not available yet to permit a proper assessment of the reasons for the precipitate action of the legislature but the following are worthy of note on the basis of what is known. In the report of this committee to the Board of Governors in 1956, in the last paragraph, this comment is made: "whether it is advisable for a professional body to present proposals for amend-

ments or new sections to its regulating act in the form of a private bill." The Board of Governors, at that time, approved recommendations that, unless a government assumed responsibility for a professional bill presented to its legislature, it would be unwise for that professional body to proceed to its objective in the form of a private bill.

19. In legislative committee hearings and in sessions of the legislature itself, there has been ample evidence that it is desirable to have as many members of the profession concerned attending these hearings as possible. The MLA's who compose these committees are very much aware of the presence of any of their constituents and unquestionably their attitude and thoughts are influenced proportionately, beside the fact that sheer numbers of those indicating interest in the proceedings under discussion is of utmost importance. It would appear that there were few members of the Saskatchewan College attending the Law Amendments Committee hearings.

20. From comments made and from the bulletins issued by the Public Relations Committee of the Saskatchewan College, there is some doubt raised as to how effectively the members of the College canvassed their individual MLA's prior to, or at the time of, the introduction of the bill.

21. **Manitoba**

There was information from Manitoba that the illegal labs would probably present a bill to the 1959 session of the legislature but the dissolution of the legislature by the premier effectively stymied any such proposal.

22. **United States**

In the United States, several states have, or will have, to deal with the so-called "public denturists" legislation this year, the latest on which there is information being California, where so far there are no results to report.

A copy of the Saskatchewan bill as amended and enacted is available for record and information.

COMMENT and ACTION

1. Noted.

2, 3. Information.

4, 5. We wish to commend the efforts of the Dental Nurses and Assistants Association. It would be most desirable to have more follow such a pattern, and we would urge the corporate members to lend encouragement in all efforts of this nature. A policy statement in support of such action was approved in October 1958.

6-18. The content of these paragraphs presents a disturbing situation indeed. In view of the seriousness of this legislative action which is in conflict with the basic principles of our Association, and in view of the special study

AUXILIARY SERVICES

being devoted to this aspect of our proceedings we would ask that in these deliberations there be no sacrifice of the basic policy ideals or basic principles as set out by our Association.

19. 20. These items are important. Too much emphasis can not be placed on the significance of having adequate representation of members of the profession in all legislative or other hearings where the dental health of the public is concerned.

21. 22. Information.

In reviewing the events contained in the report of the Auxiliary Services Committee we would again re-emphasize the significance of the Policy Statement on Auxiliary Personnel adopted at the annual meeting of the C.D.A. in October of 1958.

We would like to commend the Auxiliary Services Committee for this very informative report.

We recommend the adoption of the report of the Auxiliary Services Committee.

APPROVED

Resolution

WHEREAS the dental laboratory craft was developed to aid in meeting the demand of dental health services, and

WHEREAS the dental laboratory technician assists in a capacity which enables the dentist to increase his service to the public, and

WHEREAS a sincerity of purpose has been demonstrated on the part of the organized ethical dental laboratory craft, to meet common objectives in the interests of the public, therefore be it

RESOLVED that the Canadian Dental Association convey its respects to the association of ethical technicians for their defence of the principles on which their craft is founded, and be it further

RESOLVED that this Association give support in strengthening the cooperative bond which exists between the dentist and the dental laboratory technician, in the best interests of the public.

ADOPTED

MEMBERS: *H. M. Cline, Chairman, Vancouver, B.C.; G. V. Fisk, Toronto, Ont.; K. M. Johnson, Winnipeg, Man.; A. G. Racey, Montreal, P.Q.*

REPORT

1. The present By-laws of the Association, with minor changes, have been in effect for a number of years. As the activities of the Association change so does the need for review of the by-laws become apparent. This has been indicated to the Committee on By-laws, hence, the committee has undertaken to review the by-laws and terms of reference with a view to bringing them up to present requirements.

2. As a preliminary step, and at the request of the committee, the Secretary sent out to all chairmen of committees concerned a request to review the by-laws as affecting their particular committees and suggest any changes.

3. It is not, of course, possible to prepare changes in the by-laws for this session of the Board of Governors but there is sufficient material on hand to present to the Board for comment and direction so that any changes indicated could be properly prepared and lessen the work of the next session of the Board of Governors.

4. It has been suggested that the present needs of the Association would best and most expeditiously be served if the constitutional by-laws and the administrative by-laws were combined. This seems to be an excellent arrangement. Any changes in the constitutional by-laws must be passed by the Association in session on three months prior notice to such changes being made. With this in mind the following motions are suggested for presentation with proper notice to the 1960 meeting of the Board of Governors:

- (a) That the constitutional by-laws and the administrative by-laws of the Association be combined.
- (b) That amendments to the proposed new by-laws be dealt with in similar manner as prevails with the present administrative by-laws.
- (c) That any proposed amendments requiring decision of the Committee on By-laws be in the hands of the chairman of the Committee on By-Laws four months prior to the meeting of the Board of Governors at which action upon such amendments is proposed to be taken.
- (d) That the Committee on By-laws be requested to prepare a new set of by-laws combining the above, with suggestions for desirable changes.

5. At the 1960 meeting of the Board of Governors the new set of by-laws could be approved subject to the affirmative action of the Association.

BY-LAWS

6. With this procedure in mind the following are presented to this Board for comment and direction.

7. Constitutional By-laws

(a) Article II, Section 1

Corporate Members. The suggestion has been made by the Secretary that consideration might be given to changing the connotation "Corporate Members" to "Division Members" as is the practice with the Canadian and Provincial Medical Associations. This might not aptly apply in dentistry for the relationship between the Provincial Division and the Canadian Medical Association is not the same as that between some provincial dental statutory legal bodies and the C.D.A. This would of necessity need to have thorough presentation to the provinces and a unanimous decision if change is indicated.

(b) Article II, Section 2

"Individual Member". Suggested change to "Active Member".

(c) Article VIII, Meetings

The meetings of the Association shall be held annually, unless otherwise ordered by the Executive, at such time and place as may be determined by the Executive.

8. Administrative By-laws, Clause II, Executive Committee

It is suggested by the "Executive Committee" that the name be changed to "Executive Council" and the following By-laws govern this council:

Composition

The Executive Council shall consist of the President, President-elect, Immediate Past President, and four other members elected from the membership of the Board of Governors. The appointed officers of the Association shall be ex-officio members without the right to vote.

Qualifications

A member of the Executive Council must be an active member of this Association. Should the status of any member of the Executive Council change in regard to the preceding qualification during his term of office, that office shall be declared vacant by the President and he shall fill such vacancy as provided in Section ??? of these By-laws.

Terms of Office

The term of office of a member of the Executive Council shall be three (3) years. The consecutive tenure of a member of the Executive Council shall be limited to two (2) terms of three (3) years each.

Election

Executive Council members shall be elected during the Annual Meeting of the Board of Governors as designated in Section ??? of these By-laws.

Installation

The members of the Executive Council shall be installed by the President or by his designee.

Vacancy

In the event of a vacancy in the membership of the Executive Council, the President shall appoint a member of the Board of Governors to fill such office until a successor is elected at the next following Annual Meeting of the Board of Governors.

Powers

- a. The Executive Council shall be the managing body of the Association, vested with full power to conduct all business of the Association, subject to the Constitution and By-laws and mandates of the Board of Governors.
- b. The Executive Council shall have power to establish rules and regulations not inconsistent with these By-laws.
- c. The Executive Council shall have power to direct the President to call a special session of the Board of Governors, as provided for in Section ????
- d. The Executive Council shall have full discretionary powers to cause to be published in or omitted from any official publication of the Association, any article in whole or part, except the editorials written or approved by the Editors.
- e. The Executive Council shall have power to establish ad interim policies when the Board of Governors is not in session and where such policies are essential to the management of the Association, provided, however, that such policies must be presented for review at the next following session of the Board of Governors.

Duties

- a. To provide for the maintenance and supervision of the Headquarters Office, owned or operated by the Association.
- b. To appoint active members of the Association to the offices of Secretary, Treasurer, and Editors.
- c. To determine the date and place for convening each Annual Meeting and to control all clinics and exhibits. The Executive Council may appoint local committees of arrangement to be at all times under the control of the Executive Council.

BY-LAWS

- d. To cause to be bonded by a surety company all appointed officers and employees of the Association entrusted with Association funds.
- e. To cause all accounts of the Association to be audited by a certified public accountant at least once a year.
- f. To prepare a budget for carrying on the activities of the Association for each ensuing fiscal year.
- g. To review reports prepared for presentation and make recommendations concerning such reports to the Board of Governors.
- h. To submit an annual report of Executive Council activities to the Board of Governors.
- i. To nominate honorary and associate members.
- j. To perform such other duties as are prescribed in these By-laws.

Sessions

- a. The Executive Council shall hold three sessions each year.
 - (i) One immediately after the close of each annual session of the Board of Governors.
 - (ii) One mid-term session at the call of the President.
 - (iii) One session immediately preceding each annual session of the Board of Governors.
- b. Special Session: Special sessions of the Executive Council may be called at any time by the President. The President shall call a special session on request of five (5) voting members of the Executive Council, provided at least ten (10) days' notice is given to each member in advance of the session. No business shall be considered except that provided in the call unless by unanimous consent of the members present and voting.

Quorum

A majority of the voting members of the Executive Council shall constitute a quorum.

9. Administrative By-laws, Clause XI, Ethics

(a) It shall be unethical for a dentist in the pursuit of his profession to do anything which would be reasonably regarded as disgraceful or dishonorable by his professional brethren of good repute and competency.

(b) Though not all-embracing, the Canadian Dental Association publication "A Guide to Professional Conduct" shall be a clarification of some aspects of conduct in a professional way.

10. Administrative By-laws, Clause XVI, Amendments

Section 1. The by-laws may be amended by the Board of Governors in

session provided that a copy of the proposed amendments shall have been mailed to the Secretary of the Association at least three (3) months prior to the meeting of the Board of Governors at which action upon such amendments is proposed to be taken. A copy of such proposed amendments shall be forthwith mailed by the Secretary of the Association to the Secretary of each corporate member and to the chairman of the Committee on By-laws. Any such amendment shall require for adoption the affirmative vote of two-thirds of the members of the Board of Governors.

Section 2. Any proposed amendments requiring decision of the Committee on By-laws be in the hands of the chairman of the Committee on By-laws four (4) months prior to the meeting of the Board of Governors at which action upon such amendments is proposed to be taken.

Section 3. Provided that the notice of any proposed amendment required by Sections 1 and 2 hereof may be dispensed with by unanimous vote of the members of the Board of Governors present at any meeting, and any such amendment shall require for adoption the unanimous vote of the members of the Board of Governors, present at any meeting.

11. It is requested that this Board of Governors make suggestions as to further proposals in the by-laws if, in their opinion, such is indicated.

12. Terms of Reference

1. The terms of reference of committees may be changed from time to time by the Board of Governors. In order to clarify this it is recommended that the following be added to the General Terms of Reference of Committees as section 6.

“The Board of Governors may make changes in the Terms of Reference of any Committee:

2. Through correspondence with the chairmen of the various committees together with observations of the Committee on By-laws the following changes in the Terms of Reference are proposed.

(a) Council on Dental Education:

The Council on Dental Education shall be a Standing Committee of six members elected by the Board of Governors at its annual meeting. Two members shall be elected for a term of one year, two members for a term of two years, and two members for a term of three years. Thereafter, all members shall be elected for a term of three years. The Chairman shall be designated at the annual meeting of the Board of Governors.

The Council shall have power to appoint sub-committees within its membership and adopt such regulations for the government of its actions as shall be deemed expedient.

The Council shall have authority to appoint consultants, or advisors, and recommend for employment such other personnel as is needed from within or

BY-LAWS

without the membership of the Canadian Dental Association for any purpose within its jurisdiction, provided that if such appointments involve expenditures of funds, they must be approved by the Board of Governors.

The chairman shall make report at the annual meeting of the Board of Governors.

The duties of the Council shall be:

- (i) To give study to all matters relating to dental education.
 - (ii) To develop policies and make recommendations of the same to the Board of Governors in respect to matters relating to dental education.
 - (iii) To evaluate the various forms of dental education and to recommend revisions when necessary.
 - (iv) To accredit dental schools, and periodically review such accreditation.
 - (v) To support and foster the National Dental Examining Board, in cooperation with the provincial dental legal bodies, in order that facilities may be available to members of the profession to qualify for registration to practice, on a national basis.
 - (vi) In general, to discuss and recommend alterations in all forms of education for the improvement and welfare of all personnel in dentistry, in order to produce personnel equipped with adequate knowledge to fulfill all the requirements of the practice of dentistry and to take their proper positions in society as a whole.
 - (vii) To consider recruitment of suitable and desirable students in dentistry.
- (b) Auxiliary Services:
- Change section 3 to read as follows:
- “To make recommendation respecting the proper use and training of auxiliary personnel by the profession.”
- (c) Necrology
- The Committee on Necrology shall be a standing Committee consisting of eleven members who shall be the Registrars or Secretaries of the Corporate Members, together with one additional member elected from and by the Board of Governors. The elected member from the Board shall act as chairman. The duties of the Committee shall be:
- (i) To keep accurate records of the deaths among the membership.
 - (ii) To submit for publication in the Journal suitable obituary notices, immediately following the death of a member.
 - (iii) To submit a report to the annual meeting of the Board of Governors.
- (d) War Memorial Award;
- Items 4 and 5 should be interchanged.

(e) Specialists and Specialization:

"The Committee on Specialists and Specialization shall be a Special Committee consisting of one general practitioner and one member from each specialty recognized by the Association. The Chairman shall be designated by the Board of Governors."

(f) Committee on Legislation:

"It is unanimously recommended by the Committee on Legislation that in the event of a fully qualified legal person being employed by the Canadian Dental Association that the said person act as permanent secretary of the Legislation Committee."

(g) Nominating Committee:

Section 2

"To present to the Board of Governors" should be changed to read "To present to the 'Executive Committee'".

(h) Committee on Public Relations:

The duties of the Committee shall be:

- (i) To facilitate the distribution of dental health pamphlets, charts, and other material, for purposes of health education of the public.
- (ii) To develop and maintain among the members of the profession an awareness of the desirability of good relations with the public.
- (iii) To arrange for distribution of information to the public by means of the press and broadcasting media.
- (iv) To establish and maintain satisfactory relationships between the profession and other health organizations.
- (v) To establish and maintain satisfactory relationships between the profession and government departments.
- (vi) To provide vocational guidance where considered advisable.

(i) Committee on Health Insurance Studies

Second sentence of first paragraph is changed to read: "The chairman of each provincial Health Insurance Studies Committee or its appropriate counterpart shall be an advisory member.

Number 4, under duties, is changed to read:

To obtain and study information relating to the economics of dental practice.

COMMENT and ACTION

1. Agreed.
- 2, 3. Noted.
4. (a) Agreed as very necessary action.
(b) (c) (d) Agreed.

BY-LAWS

5. 6. Noted.

7. (a) We recommend that the name Corporate Member be given further consideration.
(b) We suggest that the name Individual Member be given further consideration.
(c) Agreed.

We recommend that the Executive study and define the requirements of an Associate Membership. We recommend that the report of the Executive be in the hands of the chairman of the Committee on By-laws at least four months prior to the meeting of the Board of Governors.

8, 9, 10. Agreed.

11. Noted.

12. Agreed.

We wish to congratulate the Committee on By-laws on the tremendous amount of work done on these by-laws to date.

We recommend the adoption of the report of the Committee on By-laws.

APPROVED

MEMBERS: *J. D. McLean, Halifax, N.S., Chairman; G. M. Dewis, Halifax, N.S., President, Canadian Dental Association; D. W. Gullett, Toronto, Secretary, C.D.A.; A. H. Ervin, Dartmouth, N.S., President, Nova Scotia Dental Association; H. M. Eaton, Group Clinicians and Essayists; J. P. McGuigan, Table Clinics; J. R. Vaughan, Exhibitors; H. J. MacConnachie, Equipment; W. B. Coleman, Housing; I. K. Lubetsky, Musicales; J. E. Merritt, Visual Education; P. S. Christie, Hosts; C. E. Dexter, Registration; D. C. Eaton, Programme; J. H. Rice, Entertainment; G. K. MacIntosh and G. C. MacLeod, Publicity; H. F. Taylor, Reception; K. M. Kerr, Luncheons; R. Epstein, Art Exhibits; G. W. Caldwell, Transportation; Mrs. R. H. Bingham, Ladies' Committee; E. F. Dexter, Treasurer; R. H. Bingham, Secretary.*

REPORT

1. The Convention Committee has had much pleasure and interest over the past twenty months in preparing arrangements for the 1959 Joint Convention of the Canadian Dental Association and the Nova Scotia Dental Association which is to be held at the Nova Scotian Hotel in Halifax, Nova Scotia, June 21st to 24th.

2. At the outset, the General Chairman wishes to express profound appreciation and thanks to all committee members for their faithful efforts and energetic activity throughout the entire period of preparation. Without exception, they have worked extremely hard to make this convention as successful as possible.

3. Board of Governors' Meeting

The Board Meeting is to be held June 17th to 20th inclusive at the Nova Scotian Hotel, just prior to the Joint Convention. Four meeting rooms have been reserved for committee work, the largest one being used for the general sessions of the Board of Governors. In addition, a room adjacent to the committee rooms has been set aside for the use of the office staff of the C.D.A., and will be used as Convention Headquarters after it has been vacated by the C.D.A. staff.

4. Clinicians and Essayists

The following speakers have kindly consented to participate in our program. The first three named will make two presentations each.

(1) Dr. Victor Steffel, Ohio State University, Ohio.

Subjects: (a) Simplified Clasp Partial Dentures Designed for Maximum Function

(b) Re-lining Removable Partial Dentures for Fit and Function

(2) Dr. H. D. Millard, Faculty of Dentistry, University of Michigan.

Subject: A Discussion of Some Common Kinds of Stomatitis

CONVENTION

- (3) Dr. G. C. Hare, Faculty of Dentistry, University of Toronto.
Subject: Emergency Endodontic Treatment for Children
- (4) Dr. Paul Geoffrion, Dean, Faculty of Dentistry, University of Montreal.
Subject: Orthodontics for Everyone
The Grieve Memorial Lecture
- (5) Dr. James Coupland, Ottawa.
Subject: Tooth Transplantation and re-positioning
Sponsored by the Canadian Society of Oral Surgeons.
- (6) Dr. J. G. Kaplan, Dalhousie University, Physiologist, Halifax, N.S.
Dr. Kaplan has been invited to deliver a special essay on the occasion of the centennial year of the publication of Darwin's book on evolution.
- (7) Dr. D. W. Gullett, Toronto (Moderator); Dr. P. G. Anderson, Toronto; Dr. H. K. Brown, Ottawa; Dr. K. J. Paynter, Toronto; Dr. J. D. McLean, Halifax.
Panel Discussion: "Dentistry Ten Years Ahead"

5. Table Clinics

Arrangements have been made for the presentation of sixteen table clinics. The subject matter covers nearly all phases of dental practice. The clinics are to be given in the Main Dining Room, and by limiting the number, it is hoped that there will be sufficient space to prevent crowding.

6. Visual Education

A number of films have been selected for showing at appropriate times. By starting films some twenty minutes after scheduled lectures, late arrivals will be encouraged to view the films, rather than interrupt the lecturer. In addition, a special lecture has been arranged on the preparation of visual education material for patient education. Time has also been reserved for repeat showing of films on request.

7. Art Exhibit

It is planned to exhibit a series of paintings by a well-known dentist-artist, Dr. Solot of Paris, France. Dr. Solot has arranged to exhibit his paintings at the A.D.A. Convention in New York in September, and the American Association is sharing the cost with our convention. It is expected that there will be approximately thirty of the original paintings for showing in Halifax.

8. Social Program

(a) **Musicale** — a popular local group, the Armdale Chorus, has been engaged to present a musical program on Sunday evening. This will be followed by light refreshments, and an opportunity for a social gathering.

(b) **Luncheons** — the cost of the Monday, Tuesday and Wednesday luncheons is included in the registration fee. The Monday luncheon is sponsored by the Canadian Dental Association, and will be followed immediately by the Annual Meeting of the Association. The Tuesday luncheon is sponsored jointly by the City of Halifax and the Nova Scotia Dental Association. The city has generously made a donation of \$600 toward the cost of this function. The Wednesday luncheon is to be sponsored by the Government of the Province of Nova Scotia, and they, too, have given a generous grant of \$1,000 to defray the cost of this event.

(c) **Shore Party** — arrangements have been made for a lobster party on the beach at Hubbards, Monday evening. If the weather is inclement, alternate arrangements have been made to hold this function at the Shore Club in that community. It is anticipated that this will be one of the highlights of the social activities of the convention. Arrangements have been made for bus transportation to Hubbards (approximately 30 miles from Halifax) for those desiring it.

(d) **President's Reception** — the President's reception, dinner and dance will be held on the Wednesday evening. It was decided to make the event 'dress optional'. The cost of this function is also included in the registration fee.

(e) **H.M.C. Navy Visit** — although arrangements have not been completed at the time of writing this report, the Flag Officer, Atlantic Coast, has very generously offered to permit interested members of the profession and their wives to tour one of the Canadian Navy Ships. There is a possibility of having a tour of H.M.C.S. Bonaventure, Canada's aircraft carrier. This latter ship would be of particular interest and pride to all Canadians.

(f) **Golf** — arrangements have been made with the Ashburn Golf Club in Halifax, and the Brightwood Golf Club in Dartmouth for members of the Association and their wives to play golf during their visit to Halifax. Because of the limited time available in our program, and the fact that we have been unable to schedule a period for golf, it was decided that only the Canadian Dental Association cup for the Canadian championship, the J. H. Rice trophy for the Maritime championship, and the Kerr-Thomson cup would be put up for competition this year. All play is to be in either twosomes or foursomes, and cards are to be handed in to the Golf Committee who will declare the winners and award the cups at the President's dinner and dance.

(g) Other entertainment arrangements are going forward for all those who might be interested in sight-seeing tours, fishing, boating, swimming, etc.

(h) **Reception** — reception and information booths will be provided at both the Nova Scotian and Lord Nelson Hotels, and every effort will be made to ensure all possible assistance to the delegates, their wives and families.

CONVENTION

A committee has been detailed to take care of the entertainment of special visitors at appropriate times.

(i) **Ladies' Program** — the Ladies' Committee has been exceedingly active, and is most anxious to assure a very pleasant time for all ladies in attendance. The following is an outline of their program:

- | | |
|-----------------------|---|
| (1) Sunday, June 21st | — Registration
Evening musicale and refreshments |
| Monday, June 22nd | — Registration
(Coffee served from 9:30 - 12:30)
C.D.A. Luncheon
Shore Party (evening) |
| Tuesday, June 23rd | — Luncheon at Lord Nelson Hotel
Tea at Shirreff Hall |
| Wednesday, June 24th | — Sight-seeing; coffee on Citadel Hill
Mixed Luncheon
President's Dinner and Dance |

9. Housing

Although good hotel accommodation is somewhat limited in the city, a block of two hundred rooms has been reserved in the Nova Scotian Hotel, the Lord Nelson Hotel and the Carleton Hotel. There are, however, excellent motels within reasonable distance of the hotel, and it is anticipated that satisfactory accommodations can be found there for those who are unable to obtain hotel space.

10. The Halifax Tourist and Convention Bureau, under the direction of Mr. Leo P. Charlton, is co-operating magnificently with the Housing Committee, relieving it of much of the time- (and cost) consuming administrative work by arranging the room bookings and the obtaining of confirmations in consultation with the chairman of the Housing Committee. This convention service is provided by the City of Halifax to the great satisfaction of all concerned.

11. Exhibits

(a) **Commercial exhibits** — contracts have been signed for all available exhibit space, and some thirty exhibitors will be participating.

(b) **Non-commercial exhibits** — space is being provided without charge for exhibits by the C.D.A. Headquarters, the C.D.A. Pension-Assurance Plan, the Department of National Health and Welfare, and the Royal Canadian Dental Corps, in an area separate from the commercial exhibitors, but adjacent to other convention activities.

12. Registration

The registration fees have been established at \$40.00 for each dentist and his wife, and \$35.00 for each single dentist, or dentist unaccompanied by his wife.

13. Registrations to date total 163 dentists and 112 wives.

14. **Printed Program**

The program booklet for the 1959 Convention will be of pocket size, with no advertising. It was recognized that this policy would result in a loss of potential revenue, but it was felt that the advertising detracted from the contents of the program, and that the loss of revenue from this source might, in part, be taken up by a greater interest on the part of the suppliers in the commercial exhibit section.

15. **Publicity**

Several media of publicity were used to good advantage, and the committee would like to thank all those who co-operated so generously with them. Particular thanks is expressed to the new Editor of the Journal of the Canadian Dental Association for his very active interest and support.

16. Publicity for the convention was carried out through:

- (i) the Journal of the Canadian Dental Association
- (ii) Oral Health magazine
- (iii) Nova Scotia Dental Association Newsletters
- (iv) a letter and literature sent out from Trans Canada Airlines
- (v) a letter and literature sent out from the Canadian National Railways
- (vi) a letter and literature sent out by the Halifax Tourist and Convention Bureau

17. The committee is prepared to co-operate with the Public Relations Committee of the Canadian Dental Association in activities during the Board of Governors' Meetings, and they have arranged for a Press Room in the hotel during the Convention, releases to the newspapers on a daily basis, and for radio and T.V. reports at the time of the convention.

18. **Dental Nurses and Assistants**

The committee has made every effort to co-operate with the Nova Scotia Dental Nurses and Assistants Association in their preparations for their joint meeting with the Canadian Dental Nurses and Assistants Association. Their meetings are to take place at the Lord Nelson Hotel, where more adequate accommodation will be available for them.

19. **Budget**

A copy of the budget is appended as Appendix A.

1959 C.D.A. CONVENTION BUDGET

Income

Registration	
300 dentists at \$35.00	\$ 10,500.00
175 ladies at \$5.00	875.00
Exhibitors	
30 at \$150.00	4,500.00
Advances	
C.D.A.	100.00
N.S.D.A.	300.00
Grants	
Province of Nova Scotia	1,000.00
City of Halifax	600.00
To deficit	184.00
	\$ 18,059.00

Expenditures

Group Clinicians and Essayists	\$ 1,620.00
Table Clinics	100.00
Exhibitors	1,680.00
Equipment	150.00
Housing	200.00
Registration	350.00
Program	600.00
Publicity	700.00
Reception	60.00
Luncheons	8,605.00
Musicale	635.00
Visual Education	100.00
Hosts	350.00
Art Exhibit	400.00
Transportation	270.00
Ladies Committee	1,400.00
Return of Advances	
C.D.A.	\$100.00
N.S.D.A.	300.00
	400.00
Miscellaneous Expenses	
Stationery	\$199.00
Stenographic	200.00
Insurance	10.00
Audit Fee	30.00
	439.00
	\$ 18,059.00

COMMENT and ACTION

1. Information.
2. We concur and commend.
3. Information.
4. We note with interest the outstanding names of the clinicians and commend the inclusion of many Canadian practitioners.
- 5, 6. Information.
7. We endorse the efforts of the committee for introducing this novel program.
8. (a) Noted.
(b) We recommend to attention of the Special Resolutions Committee for recognition to Nova Scotia Dental Association, City of Halifax and Province of Nova Scotia.
(c) (d) Information.
(e) We note with interest.
(f) (g) Information.
(h) We commend their efforts.
(i) Information.
9. Information.
10. Noted. Recognition being given Mr. Charlton by Special Resolutions Committee.
11. Noted and we express our thanks to the exhibitors for their support.
12. Noted.
- 13, 14. Information.
15. We concur heartily.
16. Noted with interest and we commend the committee for its wide coverage. The effort in the C.D.A. Journal is most noteworthy.
17. We appreciate their cooperation.
- 18, 19. Noted.

We wish to express our thanks and appreciation to the Convention Committee for their fine effort in making the plans for this convention.

We recommend the adoption of the report of the Convention Committee.

APPROVED

MEMBERS: *J. D. McLean, Chairman, Halifax, N.S.; R. G. Ellis, Toronto, Ont.; J. P. Lussier, Montreal, P.Q.; J. McCutcheon, Montreal, P.Q.; H. W. Reid, Toronto, Ont.; William Miller, Vancouver, B.C.*

REPORT

1. The annual meeting of the Council on Dental Education of the Canadian Dental Association was held on February the 12th and 13th, 1959, at the C.D.A. Headquarters. In addition to all members of the Council, Dr. A. C. Lewis, Toronto, Advisor to Council, Dr. D. W. Gullett, Secretary, C.D.A., Mr. K. L. Croft, Deputy-Secretary, C.D.A., Dean H. R. MacLean, Edmonton, Alberta, and Dean J. W. Neilson, Winnipeg, Manitoba, were present. Attending parts of the meeting were Dr. E. R. Bilkey, Editor, J.C.D.A., Dr. W. J. Dunn, Registrar-Secretary, R.C.D.S. of Ontario, and Dr. H. K. Brown, Department of National Health and Welfare, Ottawa, and, by appointment, Drs. Pace and McLaren of Civil Defence Health Services, Ottawa, and Professor Jackson of the Ontario College of Education, Toronto, Ontario.

2. Although no stranger to the council, Dr. A. C. Lewis, former Dean of the Ontario College of Education, was given a special welcome to the meeting in his new capacity of Advisor to the Council.

3. It will be noted that the deans of all the Canadian schools of dentistry were present, and their contribution to the success of the meeting is greatly appreciated.

4. Stenotypist

On a trial basis, it was decided to dispense with the services of a stenotypist, who has, in the past, prepared verbatim reports of council proceedings. The Deputy Secretary prepared the minutes of this meeting. By subsequent mail vote, council decided that the practice should be continued, and thus there will be an appreciable reduction in the cost of council meetings.

5. Terms of Reference

In compliance with a request from the By-laws Committee of the Association, Terms of Reference for the Council were reviewed, paragraph by paragraph, and suggested amendments forwarded to the By-laws Committee.

6. Aptitude Testing

For some time, the council has been giving consideration to the subject of aptitude testing of prospective students in the Canadian schools of dentistry. By special appointment, Professor Robert Jackson, Head of the Educational Research Department at the Ontario College of Education, was invited to make

an informal report to the council. He proposed that a pilot study be set up in co-operation with the Faculty of Dentistry, at Toronto (because of its proximity to O.C.E.), to begin with matriculation standing of the students involved, and to follow through to graduation. Professor Jackson's department wishes to undertake this project partly for knowledge to be gained for its benefit, and at no cost to the council. The council endorsed the proposed pilot study on aptitude testing and expressed its appreciation to Dr. Jackson and his associates for their generous offer.

7. Dental Students' Register

The Dental Students' Register for the current academic year was reviewed and discussed. Comment was made that the shortage of well qualified dental students was likely to continue. The increased birth rate of war and post-war years is expected to result in an increase in university enrolments, but the question of the number of highly qualified applicants for dentistry will remain a serious matter. It was noted that although there was a slight increase in the total enrolment of the six Canadian schools, the presently projected expansion of physical facilities in the schools is still not sufficient to result in an improved ratio of dentists to population of Canada. It was recommended that effort to recruit well qualified dental students is a continuing necessity.

8. Civil Defence

Dr. Harry K. Brown, Dental Consultant, Dental Health Division, Department of National Health and Welfare, introduced two speakers on the subject of civil defence: Dr. F. C. Pace, Medical Consultant, Weapons Branch of Civil Defence Health Services, and Dr. H. R. McLaren, who represents the Dental Health Division as advisor to the Civil Defence Health Services. Dr. Pace spoke about the need for civil defence activities by the health professions, with emphasis on dentistry's role. Dr. McLaren outlined proposals concerning civil defence training for dental students. Considerable discussion followed these two presentations, and the following motion was approved:

"THAT Council recommend to the Dental Schools that steps be taken to see that undergraduates be indoctrinated in matters concerning civil defence, with particular reference to the necessity for being fitted to discharge their responsibility in the event of national disaster."

9. Extension of Teaching Facilities

Plans for new space at the University of Alberta have been completed, and the contract let, but the quarters will not be finished until 1961. At that time it may be possible to increase the quota of students slightly. The new school at the University of Manitoba accepted its first class of students last fall, and it is anticipated that the new quarters for the faculty will be ready for occupancy this fall. Many present at the council meeting had an opportunity to

DENTAL EDUCATION

visit the fine building under construction at the University of Toronto, and were most favourably impressed with the greatly expanded facilities which will be available this fall. The Universities of Montreal, McGill and Dalhousie had nothing further to report on the extension of teaching facilities at their respective institutions.

10. The subject of dental hygiene courses was considered, in addition to the extension of teaching facilities. The University of Toronto has sent a letter and pamphlet on the subject to all secondary schools in Ontario, and could accommodate fifty girls in the course this fall. In Quebec, a committee is studying the problems of establishing a course, and Dalhousie is investigating, but does not anticipate inauguration of a dental hygiene course in less than two years.

11. An Estimated Increase in the Number of Dentists

The Secretary had prepared and read a report on the estimated increase in the number of dentists in Canada up to 1970. This is attached as Appendix D. The estimate was prepared because of the demand from outside sources for information of this type. It was pointed out that the ratio of dentists to population will continue to deteriorate, rather than improve, unless some major factor upsets the basis on which the estimates were made. The following resolution was approved by the Council:

“THAT in view of the projected ratio of dentists to population over the next ten years, during which period deterioration rather than improvement is foreseen, and in spite of the new teaching facilities which will come into full operation during the next year or two, we suggest to the Executive Committee that we should not permit a feeling of complacency to develop in respect to the development of still more new facilities for dental students.”

12. Conference on Admission Requirements

The Council's 1959 conference session on the subject of admission requirements was held on February the 11th with the Deans of all the Canadian dental schools in attendance, under the chairmanship of Dean Ellis. The appended report (see Appendix A), was read and discussed. Dean Ellis indicated that the report does not conclude this subject. The council approved the report on the Conference on Admission Requirements.

13. Dental Internships

At the request of Council, Dean McCutcheon had prepared and presented a proposed pamphlet descriptive of dental internships. Council agreed that the pamphlet should be referred to the Hospital Dental Services Committee, and after approval, be printed for distribution to the dental schools.

14. Lectures for Nurses in Training

Council studied, amended and approved an outline of lectures in dentistry for nurses in training, which is appended as Appendix E.

15. Teaching Conferences

The council agreed that past conferences (for example, on practice management, and on anaesthesia), had been of great value, and that a reservoir of future subjects should be established in order to allow advanced planning. It was agreed that a series of teaching conferences be held as follows:

Oral Anatomy — one-day conference, 1960

Operative Dentistry — two-day conference, 1961

Oral Diagnosis and Treatment Planning — two-day conference, 1962
with the chairman of the 1960 conference to be Dr. T. I. Guilboard of McGill.

16. Conference on Anaesthesia

It will be recalled that the report of the conference session on anaesthesia, which was presented by the council last year, was referred back to it by the Board of Governors. After a most careful, thorough and lengthy consideration, the statement was revised, and adopted by council as amended. The amended report is attached as Appendix B, and recommended for your approval.

17. Survey of the Schools of Dentistry

In accordance with the previously established Council policy of having the Advisor visit each of the Canadian dental schools over a two-year period to assist in the development of the teaching program, Dr. A. C. Lewis reported on his visit to the Faculty of Dentistry at McGill University in January, 1959. Dean McCutcheon and Dr. Lewis both observed that the visit had been a profitable one, and the deans of the other schools are looking forward to similar visits.

18. Council appointed Dr. A. C. Lewis as chairman of a sub-committee — with power to name his committee — to revise the pamphlet, "Requirements for Approval of a Dental School", and to plan for the 1961 survey of all the Canadian schools of dentistry.

19. Training of Dental Technicians

A sub-committee on the training of dental technicians, consisting of Deans Ellis (chairman), MacLean and Neilson, met at C.D.A. Headquarters on February the 10th to prepare an outline of a program for the training of dental technicians. This study was prepared in response to requests from several sources for such information. Attached as Appendix C is the report, which was approved by the council.

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20. Student Indentureships

In response to an inquiry from the College of Dental Surgeons of Saskatchewan, Council approved the following resolution:

“THAT this Council, having noted that student indentureship, after being in vogue for several years, was discontinued in all Canadian dental schools, is not in favour of this practice being resumed.”

21. Budget

The budget for 1960 is presented as Appendix F to this report.

Appendix A

CONFERENCE ON ADMISSION REQUIREMENTS

Present: R. G. Ellis, Chairman
H. R. MacLean
J. W. Neilson
J. McCutcheon
J.-P. Lussier
J. D. McLean
Don W. Gullett
K. L. Croft

1. Reviewed Appendix K of 1957 Council minutes, the “Summary of two years of Arts and Science beyond Junior Matriculation”.

This summary was revised, with the information about the University of Manitoba being added.

The revised summary and description of courses are to be reprinted and distributed to deans of all Canadian dental schools.

2. An attempt is to be made to compile a chart describing briefly the pre-professional courses in Zoology, Physics, Mathematics, and Chemistry (Organic and Inorganic) as taught in various Canadian universities, and including the requirements of the six Canadian dental schools. Each dean was assigned a geographical area on which to report to Headquarters. A master chart will then be compiled and submitted to all deans.

H. R. MacLean: universities in Alberta and British Columbia

J. W. Neilson: Saskatchewan and Manitoba

R. G. Ellis: Ontario

J.-P. Lussier and J. McCutcheon: Quebec

J. D. McLean: Maritimes.

3. **Motion:** McCutcheon

THAT on page 5, paragraph 1 of “Requirements for Approval of a

Dental School" the sentence which reads "The course in Chemistry shall have included Organic Chemistry" be deleted from the next printing.

CARRIED

4. **Motion:** McLean

THAT in future printings of the pamphlet "Dental Hygiene as a Career for Women", in the paragraph headed "Qualifications" the second last sentence be changed to read "to submit a certificate of matriculation into the university concerned".

CARRIED

Appendix B

1958 CONFERENCE ON ANAESTHESIA

Recommendations (revised)

1. THAT no change be sought in the legal status of anaesthesia in the different provinces at this time.
2. THAT intravenous and intramuscular sedation be part of undergraduate training and further that the responsibilities and necessary precautions for this procedure be impressed on the student.
3. THAT, in view of dentistry's responsibilities in the administration of drugs, adequate emergency equipment be available in all dental offices, and further that undergraduates be thoroughly instructed in the use of this equipment.
4. THAT the objective of undergraduate training in general anaesthesia should be:
 - a) to teach the student the fundamentals of the administration of general anaesthesia;
 - b) to teach the student to carry out dental procedures safely and efficiently while operating on patients who are under general anaesthesia and give competency and experience in cooperating fully with the anaesthesiologist;
 - c) to teach the student to cope with accidents and complications arising during and after the administration of anaesthetics;
 - d) to provide the necessary background knowledge and incentive to enable the student to proceed with further training in the field of general anaesthesia.
5. THAT the basic sciences necessary to achieve undergraduate training in anaesthesia be adequately taught.

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6. THAT, in order to provide graduate dentists who will be broadly qualified as able teachers in basic sciences, a teacher training program be made available to accomplish this purpose.
7. THAT
 - (a) anaesthesia is basic to many dental procedures and therefore should be a separate division within the dental faculties and should be taught as an individual course;
 - (b) it is desirable that general anaesthesia be taught by properly trained and qualified personnel.
8. THAT, should a graduate training program in anaesthesiology be instituted in a Canadian dental school, the program should include the basic sciences, hospital techniques and all phases of office procedures.
9. THAT the importance of pre-anaesthetic physical evaluation of patients for both local and general anaesthesia be thoroughly taught to undergraduate and graduate students.
10. THAT, extra-oral blocking techniques be taught to undergraduate students on a didactic basis only and actual training in clinical competence be accomplished through graduate instruction.
11. THAT in view of the variations in the concentrations of the constituents of local anaesthetic solutions used by practising dentists, students be taught to use solutions with the least concentrations of drugs compatible with adequate anaesthesia.
12. THAT, the subject of anaesthesia be reviewed periodically at the discretion of the Council on Dental Education.
13. THAT, the Questionnaire on Dental Anaesthesia together with the supporting statement from the members of the sub-committee, be stored at the Headquarters of the Canadian Dental Association for a reasonable period of time.

Appendix C

REPORT OF SUB-COMMITTEE ON TRAINING OF DENTAL TECHNICIANS

Introduction

This study was undertaken on the basis that any subject of ultimate bearing on the dental health of the public is of concern to the dental profession. The recommendations which follow are based on a study of the number of dentists and technicians, the numerical relationship of technicians to dentists, and the economics of dental services as a whole for Canada.

The following facts are significant:

1. The exact number of qualified technicians in Canada at present is difficult to establish owing to lack of criteria descriptive of the vocation.
2. Discussions with representatives of the industry in Ontario have established that there is need for less than ten additional qualified technicians per year in this the most populous province. Conditions may vary from province to province.
3. On the basis of the Ontario estimate the establishment of formal courses of training of one, two, or three years duration would be difficult. Indeed it would hardly be successful in the most populous centres.
4. The dental laboratory employs personnel for routine work, other than fully qualified technicians, and will continue to do so no matter what type of training may be instituted.
5. In the interests of public service the training should be improved as much as possible but this should be done in the most economical and practical manner.
6. In conference with well-qualified representatives of the technicians decision was reached that the training program could be and is best suited to an apprenticeship type of training at the present time in Canada.
7. It will be noted that a more advanced training is advocated for the laboratory owner for obvious reasons.

Training Program

1. **General statement:** Students admitted to the training program should exhibit the necessary aptitudes pertinent to the craft.
2. **Type of training:** In view of the nature of the craft, the training should be given on an apprenticeship basis, under the following conditions:
 - a. trainees should be apprenticed, on a contractual basis, to a recognized dental laboratory.
 - b. terms of apprenticeship should be of four calendar years duration, during which time a didactic course of lectures should be followed. This instruction should be given through regular evening classes and/or short concentrated courses.
 - c. examinations should be conducted at appropriate intervals.
 - d. upon fulfilment of all the requirements, including a final examination, a certificate of recognition should be granted.

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3. **Curriculum:** The following areas of instruction, concepts or topics must be included in the curriculum:
1. Principles of ethics as they apply to the dental profession and the auxiliary dental personnel.
 2. Principles of jurisprudence as they apply to the dental profession and the auxiliary dental personnel.
 3. History of the dental profession and of the auxiliary dental groups.
 4. Relations of the dental profession to the agencies of the auxiliary dental personnel.
 5. Basic principles of elementary mathematics including concepts of English and metric systems of measurements.
 6. Basic principles of elementary physics including physical properties of materials and principles of matter.
 7. Basic principles of elementary chemistry.
 8. Effects of heat and pressure on various substances.
 9. Effects of composition of mixtures on their physical and chemical properties.
 10. Uses of various mixtures and compounds in the field of dentistry.
 11. Application of spectrum analysis on composition of materials.
 12. Preparation and use of porcelains.
 13. Application of colours, blending and shading of materials.
 14. Knowledge of the principles of administration as they apply to the operation of a dental laboratory.
 15. Installation, maintenance and repair of equipment used in dental laboratories.
 16. Use and application of equipment and machines used in dental laboratories.
 17. Knowledge of tooth form and its application to the fabrication of restorative appliances.
 18. Knowledge of plastics and their application to the fabrication of restorative appliances.
 19. Ability to interpret and to follow the directives included in a dentist's work authorization.
 20. Knowledge of articulation and its application in using an articulator in the fabrication of restorative appliances.
 21. Knowledge of casting methods and their application.
 22. Knowledge of soldering methods and their application.
 23. Knowledge of investing materials and their application.
 24. Knowledge of polishing and finishing technics.
 25. Knowledge of nomenclature related to the fabrication of dental appliances and to the operation of a dental laboratory.

- 4. **Supervision:** Provision should be made for adequate supervision of the training included in the apprenticeship program.
- 5. **Advanced standing:** Recognition as a master technician should be granted to candidates who meet the following requirements:
 - a. attainment of certificate of recognition as a dental technician
 - b. minimum of one additional year of advanced training in preparation for a comprehensive examination in dental technology and laboratory administration
 - c. to pass a higher examination
 - d. successful candidates will be qualified to operate dental laboratories

Conclusion

- It is apparent that implementation of such a program is predicated on the existence of at least provincial technicians' organizations.
- A training program should be incorporated in legislation concerning dental technicians.
- It is the responsibility of the provincial associations of dental technicians to administer their training program.

H. R. MacLean
J. W. Neilson
R. G. Ellis, Chairman.

Appendix D

TABLE I
ESTIMATED INCREASE IN NUMBER OF DENTISTS

1957 —	5564
1958 — 5564 — 80 =	5644
1959 — 5644 — 80 =	5724
1960 — 5724 — 80 =	5804
1961 — 5804 — 80 =	5884
1962 — 5884 — 140 =	6024
1963 — 6024 — 140 =	6164
1964 — 6164 — 140 =	6304
1965 — 6304 — 140 =	6444
1966 — 6444 — 140 =	6584
1967 — 6584 — 140 =	6864
1969 — 6864 — 140 =	7004
1970 — 7004 — 140 =	7144

NOTE: Estimates based on C.D.A. Annual Statistical Data re: Dental Personnel.

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- 1. Death and retirement rate for past five years has been running at an average of 140 per year (approx. 2.5%). It is anticipated that this percentage will increase during next decade owing to relatively large number of older men in profession.
- 2. The additions for the last five years have averaged 200. (approx. 4%)
- 3. The actual increase over the last five years is 68 per year. It will be noted that the above estimates for the next four years are given as 80 per year predicated on filled classes in the schools.
- 4. From 1962 onwards the figure for increase of 140 per year is based upon known increased teaching facilities. Actually the increase should be 150 plus based upon maximum number of possible graduates. In adopting the figure of 140 the anticipated increase in loss by death and retirement has been taken into consideration.

TABLE II
ESTIMATED RATIO OF DENTISTS TO POPULATION

year	Est. Pop — (1)	Ratio (2)
1957		1/2981
1960	17,510,000	1/3017
1965	19,520,000	1/3028
1970	21,640,000	1/3029

- (1) Estimates taken from Royal Commission of Canada's Economic Prospects (Gordon. Report)
- (2) Based on estimates in Table 1.

Appendix E

LECTURES IN DENTISTRY FOR
NURSES IN TRAINING

This outline of "Lectures in Dentistry for Nurses in Training" is presented as an aid to lecturers in dentistry to hospital nurses. Depending on the amount of time available for the course the lecturer may amplify or condense the subjects. However, it is felt that the following subjects should be covered.

1. Introduction

The nurse is concerned primarily with people who are health conscious and, therefore, receptive to authoritative knowledge. She has probably as good an opportunity as anyone to influence the patient in the right direction. The public look to the nurse as one who should know essential health facts related to dentistry.

The diseases with which the dentist deals (and dental disease is probably the most prevalent disease known to man today) are similar to other diseases. They may affect the general health of the body and mouth health may be affected likewise by general health. The nurse then should have some training in the subject of dental health in order to render her best service.

The nurse of today has many definite avenues of service open to her and there is no doubt her sphere will rapidly expand as hospital, industrial and state public health services come into full play in the future. The nurse, therefore, should know certain fundamental facts in respect to dental health.

2. Public Health Aspects of Dental Disease

The three major health problems of Dentistry are dental caries, periodontal disease (disease of supporting structures of teeth) and malocclusions (faulty arrangement of teeth). These conditions are so prevalent that they are a personal problem to almost every man, woman or child in this country. In children of elementary school age, almost 100 per cent have been affected by dental caries; 70 per cent have malocclusions and 20 per cent have early signs of periodontal disease. The pain and misery from dental disease is great; the lost man hours in industry is very significant.

The education of the public in the prevention of dental disease is a responsibility of all the health professions.

3. Growth and Development of Dental and Supporting Structures

- a) Anatomy of the mandible, superior maxilla and associated bone structures.

Anatomy and function of the facial and masticatory muscles.

Anatomy and function of the tongue, glands, mucous membrane and dental supporting soft tissues.

- b) Saliva, composition and function.
- c) Primary and permanent dentitions: development, eruption, description and function.

Anatomy of the tooth and adjacent structures (illustrate with drawing).

4. Dental Caries

(illustrate with progressive drawing)

- a) Prevalence.
- b) Etiology, Miller's acid decalcification theory.
- c) Preventive measures: fluoridation, diet, oral hygiene.
- d) Sequelae of the disease — pulpitis, stasis, apical abscess, subperiosteal abscess, cellulitis, adenitis, systemic symptoms, granuloma, cyst (chronic without symptoms)

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- e) Status as a focus of infection.

5. Malocclusions

- a) Etiology: hereditary factors
oral habits
premature loss of primary teeth, etc.
- b) Prevention: space maintainers.
- c) Correction.

6. Emergency Treatment

- a) Pulpitis.
- b) Acute abscess.
- c) Fractured and/or displaced teeth.

7. Diseases of the Supporting Structures

(illustrate with progressive drawing)

- a) Gingivitis — etiology (local and systemic) prognosis.
- b) Periodontitis — etiology, description, prognosis, treatment (briefly), a focus of infection.
- c) Necrotic Gingivitis (Vincent's Infection) — etiology, description, treatment (briefly and from standpoint of prevention, control and nursing care).

8. Diseases of the Oral Cavity

- a) Stomatitis
Bacterial: aphthous, herpetic, thrush, measles, chicken pox, scarlet fever, etc.
Chemical: metallic poisonings, excessive smoking, irritating drugs.
Mechanical: abrasions, ill-fitting dentures.
- b) Pre-cancerous and cancerous lesions.
- c) Blood dyscrasias, nutritional deficiencies.
- d) Developmental anomalies, cysts, benign tumours, etc.

9. The Maintenance of Oral Health

- a) The prenatal period.
- b) Nutrition — role of essential vitamins and minerals
— intelligent consumption of 'sugars' (Vipeholm Study)
— fluorides and dental health
- c) Importance of mastication — exercise, development of the teeth and arches, cleansing of the teeth and stimulation of salivary flow.

- d) Mouth hygiene
 - (i) personal care — tooth brushes, method of brushing, dentifrices, mouth washes.
 - (ii) the patient — assisting in the care of his mouth
- e) Periodic dental examination — its importance in prevention.

10. Oral Surgery

Dentistry, in its specialized phase of Oral Surgery, and in rendering service to physically and mentally handicapped persons, is using hospital facilities increasingly more and more. Not only is this necessary in order to carry out its responsibility to the public, but the public itself, more enlightened than ever, is demanding such a service. This, therefore, demands that nurses be prepared in the care of these patients. Every practising oral surgeon today considers it necessary to employ graduate nurses in his office to provide proper preoperative and post-operative care for his patients.

These lectures are intended to assist nurses in caring for hospitalized dental patients, to deal with dental emergencies, to understand the basic etiology of dental disease, how to prepare patients for dental procedures, how to assist at dental operations, and how to render post-operative care.

Since she is being instructed in what is being done, and why it is being done, the nurse will undoubtedly appreciate and respect dentistry's role in the public well-being. Specific examples of dental problems are dealt with, and these are illustrated with appropriate slides and diagrams.

The etiology, treatment, and prognosis of dental pain, odontogenic infections, dental diseases requiring extractions of teeth, fractures of the teeth and jaws, malformations and deformities of the teeth and jaws, cysts and tumours of the oral cavity are considered.

Special emphasis is placed on diets for post-operative oral surgery patients, instruction in pre-operative and post-operative mouth care is given. The management of post-operative haemorrhage, nausea and post-anaesthetic complications is discussed.

Appendix F

1960 BUDGET COUNCIL ON DENTAL EDUCATION

	1959 Budget	1960 Budget
Income		
Canadian Dental Association Grant	\$4,750.00	\$4,750.00
Kellogg Foundation Grant		
	<u>\$4,750.00</u>	<u>\$4,750.00</u>

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Expenditures

Survey	\$2,000.00	\$2,000.00
Council Meetings	1,500.00	1,500.00
Conference (Oral Anatomy)	750.00	750.00
Sundry	500.00	500.00
	\$4,750.00	\$4,750.00

N.B. As directed by the Board of Governors, the Council plans to commence the full survey of schools in 1960. This extra expense will be borne from surplus. It should be noted that a conference on teaching of Oral Anatomy is also planned for 1960.

COMMENT and ACTION

1. Noted. It is reassuring to see dental education so ably represented at the annual meeting of the Council on Dental Education.
2. Noted with approval.
3. Noted.
4. Approved.
5. Noted.
6. The pilot study on aptitude testing is approved and we heartily endorse the expression of appreciation to Dr. Jackson and his associates.
7. The information is noted. We approve the recommendation and encourage the fullest activity in this direction.
8. The interest in civil defence matters is timely and appropriate. We agree with the motion.
9. It is stimulating to realize the growth of teaching facilities for dentistry in Canada over the past five years. We congratulate all those whose efforts have contributed to this expansion.
10. We approve of the increasing activities with regard to courses for dental hygienists.
11. The projected ratio of the number of dentists to the population in Canada is noted with alarm. We endorse the resolution made in this connection.
12. Noted and approved.
13. Agreed.
14. Approved.
15. Agreed.

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16. We approve the amended report of the Conference on Anaesthesia and compliment the participants on the outcome of their lengthy deliberations.
- 17, 18. Noted. We wish to express our appreciation to Dr. A. C. Lewis for his continued interest and help in the development of teaching programs within the dental schools of Canada.
19. The bases, as outlined in the introduction of Appendix C, for this study and the contained recommendations, are sound and well-founded.

We agree with the suggested training program and the conclusions.

We further recommend that the Canadian Dental Association cooperate in every possible way with the provincial technicians' organization in implementing a training program.

20. Agreed.

21. We approve the budget recommended for 1960.

We wish to congratulate the Council on Dental Education for a concise, informative and constructive report.

We recommend the adoption of the report of the Council on Dental Education.

APPROVED

MEMBERS: *H. K. Brown, Chairman, Ottawa, Ont.; C. W. B. McPhail, Haney, B.C.; C. A. E. McCabe, Outremont, P.Q.; E. A. White, Toronto, Ont.; R. O. Brett, Regina, Sask. Ex-Officio Members: Chairmen of Provincial Dental Public Health Committees and E. E. Johns, Orthodontic Section of the C.D.A.*

REPORT

1. The following assignments were given to this committee at the 1958 meeting:

(a) To proceed with preparations to initiate a Dental Health Week or Day(s) on a national basis.

(b) To proceed with the work involved in obtaining statistical data for the use of the Canadian Conference on Children 1960.

(c) To continue with the revision of the Canadian Dental Association health information publications.

(d) To obtain dental health films in the French language.

2. Dental Health Week or Day(s)

In connection with Dental Health Week or Day(s), the committee sought to obtain additional facts and opinions. A circular letter (Appendix A, circular letter no. 1) containing questions designed to elicit essential information and opinions was sent to all the chairmen of the dental public health committees of all provincial dental bodies. Some replied, others did not. From the replies received it can be said that as yet there is no general agreement among the provincial bodies concerning the major purpose of Dental Health Week or Day(s). In some quarters it is regarded as a public relations activity to be managed, for the most part, by professional public relations people employed by the dental group. In others it is regarded as a public health education effort to be carried out by dental personnel working in co-operation with individuals and agencies equipped and qualified to carry on health education work and with good public relations merely a desirable by-product of the educational effort. This committee concurs in the views of the latter group.

The chairman hopes to be able to visit all ten provinces in the late summer or early fall and will seek, at that time, to obtain general agreement on the major considerations involved. The need for further discussions with a view to obtaining general agreement and the demands made upon the time and energy of this committee in order to deal with the assignment relating to the request from the Canadian Conference on Children 1960 for dental statistics will delay setting up a Dental Health Week or Day(s) on a national basis for at least two years.

3. Canadian Conference on Children 1960

It will be recalled that in response to a request from the Canadian Conference on Children it was agreed that the Dental Public Health Committee would provide reliable information on the prevalence of caries, periodontal disease and malocclusion among children.

4. Dental Health Index and Survey

As the time of the general conference of this organization has been set for October, 1960, our committee has a definite deadline to meet. The task involved is almost overwhelming. Useful statistical information on the prevalence of the above three conditions is available from only two provinces and a third is in the course of compiling sound information. In order to obtain it standardized indices must be set up and applied to statistically adequate samples in all provinces. In order to accomplish this, close co-operation will be required between all the provincial dental bodies and the C.D.A. Technical advisory assistance will be required from experts in the fields of statistics, caries, malocclusion, and periodontal disease. Volunteers to carry out dental examinations will be required from all local dental societies. Statistical assistance will be needed in each province. Help will be needed from the dental division of each provincial department of health. In short, more extensive and general co-operation among individual dentists and dental organizations from coast to coast will be required for this work than for any previous task undertaken by the dental profession. It can be done quite quickly and easily once the plans are laid. The big job is the planning and the eliciting of co-operation.

The setting up of a Canadian Dental Index and the gathering and analysis of prevalence data on caries, malocclusion and periodontal disease are tasks which the dental profession can no longer delay. The request from the Canadian Conference on Children serves only to point up the need. On another important occasion in the past (1943), the C.D.A. was requested to provide dental health data for the use of a federal committee on health insurance and finally met the request as best it could by the survey of one community by unproved methods. The profession should not again be caught in this position.

Much of the planning in the health field depends on statistics; e.g. recent figures showing a decline in the prevalence of T.B. are affecting the extent and nature of hospital construction. Statistics revealed the effectiveness of polio vaccine. All our information on national and community health depends upon the use of statistical method in the health field. There is a constant and growing need for a reliable dental health index. Among the many purposes which it could serve are the following:

(a) To provide prevalence and incidence figures on caries, malocclusion and periodontal disease, on a national, a provincial or a community basis as and when required.

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(b) To provide data on treatment status of the three above conditions on a national, provincial or community basis whenever required.

(c) To provide data on oral hygiene status.

(d) To study the relative effectiveness of various types of dental program.

(e) To obtain basic information needed in planning a dental program for a community.

(f) To obtain data for the use of the profession when planning or advising on health insurance programs or where group purchase of dental health services is contemplated.

(g) For a variety of research purposes. (For instance, it was the lack of a dental health index which delayed information on fluoridation).

5. Steps Taken To Set Up Dental Health Index

The committee wishes to report having taken the following steps towards setting up a Dental Health Index:

(a) An ad hoc joint subcommittee was set up consisting of the chairman of the Dental Public Health Committee, and the chairman of the Research Committee. (Appendix A circular letter no. 2)

(b) As the creation of a statistical design for the Index is one of the essential first steps, several consultations were held with Dr. Robert Grainger, dentist-statistician in the Ontario Department of Health. Dr. Grainger has had a wide experience in this field having designed the Dental Index now in use in Ontario and having served as an advisor to the British Columbia Department of Health when one was designed for that province.

(c) As an outcome of the discussions between the ad hoc committee and Dr. Grainger, it was decided that a dental index should be designed to include caries, malocclusion and periodontal disease and that advice and assistance should be sought from individuals who are recognized as authorities in each of these fields. Accordingly the ad hoc committee has discussed technical questions related to the design of an index with Dr. Egil Harvold, Dr. Gordon Nikiforuk and Dr. Charles Williams, all of the University of Toronto. Helpful advice of a technical nature was obtained. All three of these technical experts, along with Dr. Grainger from the field of statistics, have agreed to continue their assistance to the ad hoc committee, at least until some organization can be set up by the C.D.A. on a permanent basis to accept responsibility for the regular periodic compilation of dental health statistics on a national basis. (see circular letter no. 4 of appendix A).

(d) The committee is now of the opinion that the C.D.A. will require a National Survey Committee on a permanent basis with regular statistical services and also advice, when necessary, from the three technical fields referred to above. The Dental Public Health Committee would be prepared to make

specific recommendations to the Board of Governors at the next annual meeting concerning the set-up of a National Survey Committee.

(e) The committee wishes to refer to the secretary's report of last year in which he drew attention to the urgent need at C.D.A. headquarters for statistical services to meet a variety of needs. Such services are absolutely essential to building up and maintaining reliable information on the dental health status of Canadians.

(f) A letter (see circular letter no. 4 of appendix A) was sent by the chairman of the Dental Public Health Committee, with the concurrence of the ad hoc survey committee, to all chairmen of provincial Dental Public Health Committees, to all secretaries of provincial dental bodies and to all provincial dental consultants suggesting a procedure which appeared to the ad hoc committee to be constitutionally sound, feasible and economical.

Briefly, the suggestions were:

That each province prepare to act as a separate independent unit for the collection of data and for the compilation of provincial averages, totals, etc., with all provinces using the same recording procedures, forms and statistical design or compatible ones. The statistical design would be prepared and its use fully described in simple terms in a Manual to be prepared and revised when necessary by the C.D.A. survey committee.

Each province would be responsible for conducting its own dental examinations and for statistical services involved in obtaining its own provincial figures. The C.D.A. committee would be responsible for the statistical work involved in combining the provincial figures for the purpose of preparing the national ones and for providing statistical and other technical information for the guidance of the provincial committees.

(g) In the letter referred to in (f) above (appendix A, circular letter no. 4) it was suggested that the provinces might begin by setting up their own survey committees, which might consist of

The chairman of the provincial Public Health Committee.

The secretary of the provincial dental body.

The provincial dental consultant.

Presidents of local dental societies.

Any others who might be able to help effectively.

From the replies received from all ten provinces it is reasonable to assume that all realize that in order to keep pace with the changing and growing demand upon the dental profession this job must be done as soon as possible.

It is the opinion of this committee that it should be possible to have all the examinations and recording done by volunteers, without pay in the manner already demonstrated in two provinces.

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6. Possible Emergency Action to Obtain Statistics
For Canadian Conference On Children 1960

The early need by the Canadian Conference on Children, (1960) for dental data, and the magnitude of the task of setting up and operating a national dental index may necessitate action on the part of the ad hoc committee to use such existing data as may be amenable to statistical treatment and presentation. The committee will try to meet the situation in this way only as a last resort and in the knowledge that such data are only partial and inadequate for most purposes.

7. Revision of C.D.A. Health Education Publications

Four publications are now in the course of revision. Dr. McPhail is making a complete rewrite of "Healthful Living" and of "A Dental Health Guide for Teachers and Parents". Dr. E. A. White is working on a new fluoridation folder. Dr. McCabe is revising "Facts on Fluoridation", with a view to simplifying it for the lay reader.

8. Dental Health Films in French

These are difficult to obtain. The Department of National Health and Welfare is the only Canadian agency which produces health films in both French and English. The committee has the subject under study.

9. Meeting of Dental Public Health
Committee at C.D.A. Headquarters

In the last year's report it was recommended that the Dental Public Health Committee meet at C.D.A. Headquarters in 1959, chiefly to discuss arrangements to set up a National Dental Health Week, or Day(s). Because of the need to give prior consideration to setting up a national dental survey and to obtain statistical services and to make other expenditures related thereto, it is now thought that the first meeting of the Dental Public Health Committee should be delayed until some suitable time in 1960 or later.

10. A budget of \$2,000.00 will be required to carry on the following work in 1960:

Survey materials and statistical services	- -	\$1,000.00
New publications and reprinting of old ones	-	\$1,000.00

December 10, 1958

CIRCULAR LETTER No. 1

To: All members of the Public Health Committee of the C.D.A. and to the chairmen of provincial committees, who are ex-officio members of this committee.

Active participation by ex-officio members in our correspondence and discussions is cordially invited. The help of all ex-officio members is essential in order for us to succeed in a Canada-wide project such as a National Health Week or Day(s).

Dear

This letter will be limited to a discussion of Dental Health Week or Day(s). It will be designed to state some of my own ideas and to elicit your comments and suggestions.

At this point I am going to ask you to re-read our report to the Montreal meeting.

We are at a crucial point in relation to this matter of Dental Health Week or Day(s). The whole picture, as I see it, suggests we should proceed cautiously, critically, and without bias. In my opinion the situation requires a great deal more assessment than we have yet been able to give it.

What are some of the basic questions that should be answered before our Committee can be in a position to recommend, with confidence, whether or not a Dental Health Week or Day(s) should be set up on a "NATIONAL" basis and so designated? I am going to suggest some that seem important to me and to ask each of you to do likewise. These are my questions:

1. What proportion of the Canadian dental profession manifests sufficient interest in the subject and its related activities to participate? I suggest we try to get an answer to this as soon as we can.
2. Is the profession ready to accept the definition of Dental Health Week or Day(s) as suggested in our report to the Montreal meeting? If not, what do we do about it?
3. Assuming for the moment that the chief purpose of this activity is to convey scientific oral health information to the public in a way that may lead them to weave it into their pattern of living. Is this institution as presently operated in Canada and elsewhere, getting results commensurate with the effort and money expended? If not, can it be retained and its operation made more effective? If so, how? (Will every member of the Committee please spread himself on this one.)

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4. What are the criteria upon which the Committee should base its decision upon whether or not to recommend setting up a "NATIONAL" Dental Health Week or Day(s). In other words how shall we know the idea has enough support? In what terms should that support be expressed or measured? For example, what percentage of the individual members of the profession would need to give firm assurance of some kind of participation before we could feel confident, and justified in saying that we are ready for a "NATIONAL" effort? Could the effort be limited to fewer than ten provinces and still be called "NATIONAL"? If the answer is "yes", how many? How would we define "participation", (a) In the case of an individual; (b) In the case of a province?
5. Is there some kind of useful interim procedure that might be profitably instituted as a preliminary to setting up a "NATIONAL" Health Week or Day(s), and from which we might gradually build up to a real "NATIONAL" one or find out something about operating on a national scale?
6. Is there some good or better alternative to D.H. Week or Day(s)? If so, what?

(As soon as I can think up some more questions I will write you a letter.)

H. K. Brown, Chairman,
Dental Health Committee,
Canadian Dental Association.

P.S. The attached list of films happen to be available and is enclosed for good measure.

HKB

February 3rd, 1959

"For Your Information Only"

CIRCULAR LETTER No. 2

**To: All members of the Public Health Committee of the C.D.A.
Secretary of the C.D.A.**

**Ex-officio members of the Public Health Committee of the C.D.A.
All provincial Dental Health Directors
(Copy to Dr. Jack Paynter, Faculty of Dentistry, University of
Toronto, Toronto, Ontario.)**

Dear

You will recall that in our Committee report to the Board of Governors at the C.D.A. meeting held in Montreal in October 1958, we agreed to provide

definite information concerning the oral health of children for the use of the Canadian Conference on Children.

The request by this multi-discipline group is one of very great potential importance to the dental profession as a whole. It has placed squarely upon us as a professional group the responsibility to provide reliable information concerning the prevalence of caries, periodontal disease and malocclusion for the information and use of all the major health and welfare groups in this country.

About all we can say in the light of our present knowledge is that there is a "helluva lot" of all three conditions. I think you will agree that such an answer is not good enough — and not good for us as a professional group — for a number of good reasons in addition to the request from the Canadian Conference on Children.

We can obtain the needed epidemiological information on a national basis only by the immediate adoption and use of a suitable oral health "Index".

In para. 2, page 5, of our Report to the Board of Governors in October 1958, we stated that such indices could be most properly recommended by public health and research dentists, who utilize such tools. Therefore, I wish to ask each of you to give me his opinion of the following suggested line of action and to state whether or not he approves:

- (a) That our Committee immediately offer to collaborate with the Research Committee of the C.D.A. to set up a joint sub-committee of two, with power to add to their numbers, for the purpose of setting up a suitable oral health index;
- (b) That the Chairman of the Public Health Committee (H. K. Brown at present) be one member of that sub-committee (we have to begin somewhere!);
- (c) That all Provincial Dental Directors be informed of this contemplated action and their opinions and suggestions solicited.

I have had preliminary conversations on this matter with Dr. Jack Paynter, Chairman of the Research Committee of the C.D.A. and with Dr. Robert Grainger who is the best qualified man in Canada to set up the required type of index. I am pleased to be able to report that Dr. Grainger will make his services available either to the sub-committee or as a member of it. You are probably aware that he holds a diploma in Public Health and a Master's Degree in Statistics, teaches at the Faculty of Dentistry and in the School of Hygiene at the University of Toronto and is employed by the Bureau of Medical Statistics of the Ontario Department of Health. He is internationally known. It is no secret that Dr. Grainger is the man whose thinking would determine the technical nature of that index and it is he who would carry the main burden of the work. From my conversations with him I can say with confidence that the oral health index which he will suggest will include con-

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siderations of caries, periodontal disease and malocclusion and will resemble fairly well the one which he recommended for use in B.C. and which has been in use there for the past four years. It is probable that while it will not be identical with those in use in B.C. and Ontario the data from it will be comparable for all practical purposes.

The Dental Health Division of N.H. & W. will make its facilities available to the sub-committee in so far as it can for the preparation of documents, correspondence, etc., involved in the work of the sub-committee.

The sub-committee in adding to its numbers or in seeking technical consultants will endeavour to obtain the help of people who are recognized as authorities in the fields of caries control, periodontology and orthodontics.

The index, to be of any practical use, must be acceptable to the Provincial Dental Directors. Therefore, I think it can be safely assumed that as soon as its technical nature has been decided upon by the sub-committee, it will be submitted to all Provincial Dental Health Directors for their okay or comments and suggestions. Complete unanimity, while desirable, may be a little too much to hope for but broad general agreement should be quite easy to obtain.

The next step would be to introduce the use of the index as early as possible. Let's get the index first.

Will members of the Committee please let me hear from them within *one week* of receipt of this Circular Letter? Those members from whom I do not hear within ten days of mailing this Letter will be assumed to be in accord with the suggestions made herein.

H. K. Brown, Chairman,
Dental Health Committee,
Canadian Dental Association.

February 27, 1959

CIRCULAR LETTER No. 3

To: All ex-officio members of the Public Health Committee of the Canadian Dental Association (copies to members and to provincial dental directors and secretaries of provincial dental bodies).

Dear

There has been general concurrence in the suggestions made in Circular Letter No. 2.

On February 24th I met with Dr. Robert Grainger and Dr. Jack Paynter, Chairman of the Research Committee of C.D.A. We laid the initial plans to proceed with setting up the Dental Health Index for use in a National Dental Survey.

This is the most extensive and certainly one of the most important projects ever undertaken by the Canadian Dental Association. To be successful it will require the voluntary collaboration of more of its members than has any previous project undertaken by the profession.

It might be worthwhile to review here some of the reasons why the project is important to the public and to the profession.

- (1) The C.D.A. has been officially requested by the Canadian Conference on Children, a multi-discipline organization concerned with all aspects of the health and welfare of children, to provide reliable information concerning the prevalence of dental diseases and malformations among children (will be a red-faced profession if we can't!) However, the value of this information goes far beyond the needs of the above Conference, for example:
- (2) There will be available, for the first time, information showing the extent, and hence the real importance of oral ill health and disability among the child population of this country.
- (3) For the first time, the dental profession will be able to advise authoritatively upon the extent of dental resources required in Canada.
- (4) The profession will be in a sounder position to advise governments and other agencies who are interested in dental programs and in dental health insurance.
- (5) The profession will know whether or not there are any variations in the prevalence of dental diseases and disability as among the different parts of Canada.
- (6) The Index will serve as a device which can be used at any time to determine
 - (a) The treatment status of Canadian Children;
 - (b) What types of dental program are the most effective;
 - (c) What changes are taking place in the dental health picture in Canada as a whole and in any of its provinces or communities.

There are also additional uses but the above should be sufficient for the present to indicate that this is a worthwhile project and one from which no provincial dental body can afford to be absent.

The close collaboration of the C.D.A., the provincial dental bodies, local dental societies will be required, as well as the help of all the provincial dental directors and their staffs if a creditable job is to be done.

Your Sub-Committee has decided that the first survey will cover children (age groups will be given later) only within organized areas (counties or municipalities). The inclusion of unorganized areas will await later surveys unless the circumstances in some particular provinces indicate their inclusion in whole or in part at this time.

DENTAL PUBLIC HEALTH

The sample for the first survey will not be large — probably eight to ten thousand for the whole of Canada, divided among the provinces in proportion to population.

The sampling technique will be carried out by Dr. Grainger in his office from information provided through your co-operation and that of the provincial dental directors. In the actual survey work the multiple-examiner technique will be used. The public health committees of the provincial dental bodies will be expected to seek volunteers from among the local profession to examine groups of children in their neighbourhood who fall within the random sample. This is where the co-operation of local dental societies is needed. It is clear, therefore, that a considerable number of volunteer examiners will be needed. The larger the number the lighter the load for each examiner. (Also, a large number of examiners, if properly briefed in advance, give the greatest degree of accuracy believe it or not!) Arrangements will be made later with your help and that of the provincial dental directors, to brief the examiners.

Will you please let me have *immediately* a list of all the local dental societies in your province, giving the location of each? A map showing this would help. Please get in touch with each Society and seek co-operation.

I am requesting each provincial dental director to obtain a copy of one of the latest reports of his provincial Department of Municipal Affairs, with a map of his province showing all the counties and/or municipalities and the assessed population of each. (PROVINCIAL DENTAL DIRECTORS PLEASE NOTE AND SAVE ME THE EFFORT OF WRITING YOU A SPECIAL LETTER). Please send this immediately to:

Dr. Robert Grainger,
Bureau of Medical Statistics,
Ontario Department of Health,
TORONTO, Ontario.

If, because of illness or any other reason any chairman of a public health committee of a provincial dental body is unable to act fully and immediately, will he please get in touch with his Executive and ask for arrangements to have his duties assumed by somebody else.

Yours sincerely,
H. K. Brown, D.D.S.,
Chairman,
Public Health Committee,
Canadian Dental Association.

April 20th, 1959

A copy to the secretary of each provincial dental body.

CIRCULAR LETTER No. 4

To: Members of the Public Health Committee of the Canadian Dental Association, to all ex-officio members and to provincial dental directors.

Dear

This letter will be limited to information concerning progress towards setting up machinery to conduct the National Dental Survey.

Replies to Circular Letter No. 3 indicate that at least nine of the provincial dental bodies are prepared to undertake the task and that their provincial dental directors are willing to render whatever help they can.

Two meetings and several informal planning talks have taken place among your chairman, the statistician (Grainger) and the Chairman of the Research Committee of the C.D.A.

Our deliberations have led us to conclude that the next stage of this undertaking should be developed in the following way: (We would like to have your comments and suggestions).

In order to proceed at once with the statistical design of the survey and the preparation of a book of instructions to be distributed for the guidance of the provincial committees, the joint interim sub-committee referred to in Circular Letter No. 2, and consisting of K. J. Paynter, Chairman of the Research Committee and myself will be increased by the addition of advisory members from the following fields:

- (1) Statistics — (Robert Grainger)
- (2) Caries Control — (Gordon Nikiforuk)
- (3) Orthodontics — (Egil Harvold)
- (4) Periodontology — (Charles Williams)

The fact that men having the scientific qualifications and professional reputations of our four technical advisors are willing to give of their time and knowledge to assist in the work of this survey indicates the esteem in which the project is held by leading men in the profession. Gordon Nikiforuk, D.D.S., M.Sc. (Biochemistry) is Professor of Preventive Dentistry and Chairman of Division of Dental Research, Faculty of Dentistry, University of Toronto. Charles Williams, D.D.S., M.Sc., has been regarded for at least twenty years as one of the leading men in research and treatment related to periodontal disease in Canada. He is Professor of Periodontology. Egil Harvold, D.D.S., Ph.D., is a man with an international reputation for research in orthodontics and

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cleft palate. He came recently from Norway to accept appointment as Head of the Department of Orthodontics, University of Toronto. Robert Grainger, our statistical advisor, holds degrees in Dentistry, Public Health, and in Statistics. He is known internationally for his work in the field of Public Health Statistics and has recently accepted a full time University research and teaching appointment.

By joining in our project these distinguished members of our profession have indicated that they have confidence in the willingness and ability of the Canadian Dental Profession to carry to a successful conclusion the first collective professional project requiring, in the public interest, the work and willing co-operation of dentists from coast to coast. It is perfectly clear, I think, that while the primary purpose of this project is to provide reliable information concerning the dental health status of Canadian children for study by the Canadian Conference on Children, it has further and far-reaching implications. (These will be discussed in the "Introduction" of the manual of instructions now being prepared).

I propose to include in the Report of the Public Health Committee to the Board of Governors at the Halifax convention in June, the following recommendation:

"That a National Dental Survey Committee be established on a continuing basis. That this Committee be made up of the Public Health Committee when sitting with a representative from the Research Committee and any or all of the following ex-officio members:

- (1) All existing ex-officio members of the Public Health Committee, i.e., Chairmen of the Public Health Committee of provincial dental bodies and a representative from the Orthodontic Section of the C.D.A.
 - (2) The four technical advisors suggested above (Statistics, Caries, Malocclusion, Periodontal Disease).
 - (3) The federal and the ten provincial dental health directors."
- It will be suggested that provision be made to rotate the four technical advisory appointments among leading members of the four special fields involved.

It is hoped that the Board of Governors, in their wisdom, will see fit to have the permanent National Survey Committee take over from the present interim one as soon as possible after the Halifax convention.

As much advance information as possible concerning what must go into the manual of instructions for the provincial survey committees will, no doubt, be helpful. You are aware that the terms of the British North America Act make health matters (with certain specified exceptions) the responsibility and prerogative of each individual province. In keeping with this principle each province will conduct its part of the survey as an autonomous unit, acting we

hope, on the technical advice and with certain technical assistance from the National Survey Committee. It is now suggested by the interim central survey committee that each province proceed to set up a Provincial Survey Committee which, we think, would be effective if made up to include the following people:

- (1) The Chairman of the Public Health Committee of the provincial body.
- (2) The Secretary of the provincial body.
- (3) The dental director from the provincial Department of Health.
- (4) A representative from each local dental society.
- (5) Any other person who in the opinion of the provincial body has something helpful to offer.

It will be necessary for each provincial survey committee to make provision to carry out the necessary statistical work required to obtain certain provincial averages, totals, etc. However, our statistician assures us that the statistical work involved will not be any more burdensome or complex than that which has been carried out for the past four or five years in Ontario or British Columbia, as the survey will be patterned on the one now in use in those two provinces.

I shall begin within the next two weeks to prepare the Report of the Public Health Committee of the C.D.A., for the Halifax meeting. If you have any suggestions to make please let me have them immediately.

Will those members of the Public Health Committee who are engaged on writing or revising C.D.A. publications please let me have a report on the status of their assignments by May 4th.

Yours sincerely,

H. K. Brown, Chairman,
Dental Health Committee,
Canadian Dental Association.

COMMENT and ACTION

1. Informative.
2. We concur. The educational efforts are fundamental responsibilities of a health profession.
3. Noted.
- 4, 5, 6. The following resolution is presented:

WHEREAS the Dental Health Index and Survey is a project possessed of great pertinence to many facets of the work of the Association, and

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WHEREAS it is mandatory that the profession be in possession of accurate information relative to the prevalence of caries, periodontal disease and malocclusion, therefore be it

RESOLVED that the Association fortify the efforts already made by the Joint Ad Hoc Committee of Dental Public Health and Research Committees by communicating with each corporate member outlining the purposes of the Dental Health Index and Survey and enunciating the pertinence of this project to several aspects of dentistry's professional concern and further be it

RESOLVED that each corporate member be requested to establish a provincial survey committee.

ADOPTED

7, 8. Information.

9. We concur with the committee.

10. We approve.

The Board of Governors of the C.D.A. wishes to express its appreciation to Dr. R. M. Grainger for his excellent contribution to the work of this committee.

We recommend the adoption of the report of the Dental Public Health Committee.

APPROVED

OFFICERS: *D. G. Johnstone, President, Niagara Falls, Ont.; D. R. Anderson, President-elect, Toronto, Ont.; P. E. Currie, Vice-President, London, Ont.; C. D. Beierl, Secretary-Treasurer, Toronto, Ont.; D. L. Rife, Historian, Toronto, Ont.*

REPORT

1. The membership of the Canadian Society of Dentistry for Children
- | | | | | | | |
|-----------------------|---|---|---|---|---|-----|
| sustaining membership | - | - | - | - | - | 166 |
| registration total of | - | - | - | - | - | 201 |

The majority of the members are from Ontario and most are engaged in the general practice of dentistry.

2. This year's annual meeting was held at the Royal York Hotel, Toronto, Ontario on May 9, 1959.
3. At the above meeting, Dr. Gordon Bates, General Director of the Health League of Canada, was presented with an honorary membership in the society for his contributions in the field of dentistry for children.
4. It is a pleasure to report that the Alberta Chapter of the Canadian Society of Dentistry for Children is conducting an active program. A meeting of the Alberta Chapter was held in conjunction with the Western Canada Dental Society, June 1959, in Banff.
5. The Canadian Society of Dentistry for Children Award, established in 1958, was again made available to each of the five schools of dentistry in Canada.
6. The members of the Canadian Society of Dentistry for Children now receive free subscriptions to the Journal of Dentistry for Children.
7. Due to the continuing efforts of our publicity committee, there has been a noticeable increase in subjects relating to dentistry for children presented on radio, television and in the press. The profession has been kept equally well informed by direct publicity releases from the society and through the dental journals.
8. It is encouraging to note the increase in topics dealing with children's dentistry being presented by essayists and clinicians participating in national and provincial conventions and on district and local programs.
9. To geographically extend the activities of this society, the Canadian Society of Dentistry for Children will meet at a place outside Toronto every other year, and at these meetings a special ladies' program will be arranged. The next Annual Meeting of the Canadian Society of Dentistry for Children will be held in London, Ontario, May 14, 1960. This meeting will have the support of the London and District Dental Society. The 1961 meeting will return to Toronto, Saturday, May 20, 1961.

DENTISTRY FOR CHILDREN

10. The new executive for 1959-1960 is as follows:

Honorary President	-	-	-	D. G. Johnstone
President	-	-	-	D. R. Anderson
President-elect	-	-	-	P. E. Currie
Vice-president	-	-	-	C. D. Beierl
Secretary-treasurer	-	-	-	C. D. Beierl
Historian	-	-	-	D. L. Rife

COMMENT and ACTION

- 1, 2. Informative.
- 3. Congratulations to Doctor Gordon Bates.
- 4. Noted with interest.
- 5. Congratulations.
- 6. Noted.
- 7. We commend.
- 8. Highly commended.
- 9. Noted.
- 10. Agreed.

We recommend the adoption of the report of the Dentistry for Children Section.

APPROVED

MEMBERS: *J. P. McGuigan, Chairman, Halifax, N.S.; Carl Dexter, Halifax, N.S.; H. N. B. Beach, Ottawa, Ont.; R. J. McCarten, Winnipeg, Man.*

REPORT

1. Your committee, because of the short period of time since our last meeting, has not had too many problems to deal with; however some of the problems which have arisen have not been too easy to resolve. We have on all occasions endeavoured to give a just opinion and advice, based mostly on the booklet "A Guide to Professional Conduct", and our interpretation of same.
2. We have, in conformity with the recommendation of this Board, asked each provincial legal body to study the proposed code as published in the Transactions of the Canadian Dental Association 1958. At the time of writing this report I have had replies from eight of the ten organizations, mostly in agreement with the proposed code with minor changes, and all expressing the excellence of the proposed code for which credit and commendation are due to the efforts of your past chairman Dean J. D. McLean.
3. Due to inquiries on certain matters which were not covered or inadequately covered, we have inserted a couple of new paragraphs in the revised Code of Ethics (Appendix A).
4. During the year we have received communications either directly or through Dr. Gullett requesting interpretation of the Association's position on certain matters of ethics. This has presented a problem on some occasions, as our only guidance was to refer to the booklet "A Guide to Professional Conduct", and base our interpretation on its contents. In some instances this information was not included and then we could only express our own opinion based sometimes on the rulings brought down by different courts of this land and our own feelings on the question. We have endeavoured at all times to point out that this was the committee's interpretation and not necessarily the views of the Canadian Dental Association, and furthermore the individual would have to be further guided by his own provincial organization's code of ethics and in some instances the laws of the province concerned.
5. A communication was received concerning incorporation of practice. We based our reply on the judgment handed down by the courts, which said incorporation in the case of medical practice was unethical, which we felt would equally apply to the incorporation of dental practice. It was further stated that in the final analysis the code of ethics and the laws of that particular province would have to be adhered to.
6. Another question which arose at a recent meeting of the National Dental Examining Board and was discussed at a meeting of the Council on Dental Education, concerned contract practice. There seems to be some difficulty in

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defining contract practice and because of our inability to come up with a better term we shall use the same terminology. We have incorporated another paragraph to cover contract practice in the proposed Code of Ethics (Appendix A).

7. A further paragraph has been added to cover auxiliary personnel.
8. Other questions of a minor nature came up which were dealt with in the usual manner.
9. Some minor changes have been made because of suggestions from provincial bodies and these are incorporated in the proposed Code of Ethics.
10. I would recommend the adoption of this Code of Ethics as in Appendix A.
11. We respectfully request the aid of all provincial bodies in helping us strengthen our Code of Ethics, and we are grateful for their assistance in the past. In closing, I would like to express my appreciation to my committee for their assistance, and to Dr. George Dewis, Dean J. D. McLean and Dr. Don Gullett for their guidance and assistance.
12. We do not anticipate any expenditures this coming year and therefore no budget is presented.

Appendix A

CODE OF ETHICS CANADIAN DENTAL ASSOCIATION

Preamble

Ethics is concerned with the social customs and behaviour patterns of an individual or group insofar as such conduct is related to the moral standards of the group or society. In thinking of ethics, it is usual to refer to a set of rules or laws — A Code of Ethics. Correct professional conduct is determined primarily by the opinion and attitudes of professional brethren of good repute and competence. No code of ethics, however carefully it may have been prepared, can serve as a fixed set of regulations to meet all eventualities and upon which in every instance final judgment of an individual's behaviour can be passed.

This Code of Ethics is a statement of the broad principles which should permit members of the Association to appraise and govern their own pattern of conduct. Members of the profession should re-examine their attitudes and actions frequently so that they may continue to enjoy the support and confidence of those whom it is their privilege to serve.

The quintessence of our rules for conduct may be found in the statement of the Golden Rule, "As ye would that men should do to you, do ye also to them likewise".

Clause I: Obligations to Patients

The high calling of dentistry carries a moral obligation to render service. The dentist should be ever ready to respond to the reasonable wants of his patients, fulfilling these to the highest degree within the limits of his skill and knowledge whether they require the simplest or most complex attentions; he should endeavour to render the same quality of service that he would wish for himself or his family from a confrere; and he should merit the confidence of all patients entrusted to his care, rendering to each a full measure of service and devotion.

(a) Every patient is entitled to adequate examination. It is the duty of every dentist to impart such knowledge to his patients as may be deemed necessary for them to have a fuller understanding of their needs and care. Inasmuch as a patient is rarely competent to judge his own requirements, the dentist should honestly and sincerely advise the proper course of treatment. He should kindly but firmly insist upon doing only those things which his professional knowledge dictates to be in the best interest of his patients' welfare.

(b) No person engaged in the profession of dentistry can expect to be expertly informed in all phases of diagnosis and treatment. In instances of doubt there should be no hesitation in seeking the advice of professional brethren, either general practitioner or specialist, by the referral of patients for diagnosis or treatment.

In such instances it is desirable for the two dentists to confer before comment to the patient, so that a concerted plan may be presented. Statements should not be made, nor should discussion take place in the presence of the patient, his family or his friends, which might lead to confusion in the mind of the patient as to the correct diagnosis or proper plan of treatment, or tend to discredit either the consulting or attending dentist.

(c) It is the duty of every dentist to continue to refresh and enlarge the knowledge and skill of his science and art, so that he may be ever ready to give his patients the best treatment which circumstances permit. To this end he should avail himself of all possible developments in the profession which may be derived from professional publications, clinics, conventions and refresher courses.

(d) The payment of a commission or fee to a dentist, or any other person, for the reference of a patient, and the practice of dichotomy (fee-splitting) is to be condemned as being beneath the honour of the profession.

(e) Information of a personal nature which may be learned in the practice of dentistry of or from a patient should be kept in utmost confidence, except as it may be necessary to divulge such information in order to protect the welfare of the individual or the community, or as may be required by law.

(f) Adequate records of diagnosis and treatment should be kept on each

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patient. The interest of the patient is paramount in the practice of dentistry, and everything that reasonably and lawfully can be done to serve that interest must be done by all dentists who have served or are serving the patient. When a colleague who is presently treating a patient requests records from another dentist who has formerly treated the patient, the former dentist should promptly make records available to the attending dentist.

(g) Fees for dental service should be commensurate with the service rendered and the patient's ability to pay, having due regard to ensure justice to the patient and the dentist, and respect for the profession. The patient's ability to pay should be secondary to the value of services rendered. Because of variation in the treatment of similar conditions, it is impossible to establish with mathematical accuracy a set fee for a particular type of service.

(h) To warrant or guarantee operations, appliances or treatments is unprofessional conduct.

(i) Except in the case of an emergency, where he should render service to the best of his ability, a dentist should be free to choose whom he will serve. No dentist having undertaken the care of a patient must neglect that patient, or discontinue his services without first having given adequate notice.

(j) As a service to patients, and in the interest of preventive dentistry, it is ethical for a dentist to establish a recall system within his practice, so that patients may be notified of the regular and periodic intervals at which they should seek examination. At the same time great care must be exercised in the method of implementing such a system, to ensure that the approach to patients can not be misconstrued as solicitation.

(k) In instances where appointments have been broken without sufficient notification to the dentist; where time has been reserved for such patients; and where, only because of inadequacy or lack of notice, the dentist is unable to effectively use the time of the broken appointment, it is not considered unethical for the dentist to make a reasonable charge to the patient for such lost time. Patients should have prior knowledge of the dentist's intentions in this matter, whether verbally, by notation on appointment cards, or by other similar means.

(l) It is the obligation of every dentist, both to himself and to his patients, to be temperate in all things, that at all times the health of his mind and body may be at its best, so that his patients may have the benefit of the clearness of judgment and skill which they have a right to expect.

(m) A dentist as a member of the health professions does not lend his name or written testimonial, whether for reward or not, to any product or material whatsoever its merits.

Clause II: Obligations to the Profession at Large

(a) Every member of the dental profession is bound as such to maintain

the honour and integrity of the profession; and his conduct in all things should be such as to bring credit to himself, his confreres, and his profession.

(b) It should be a point of honour for members of the profession to adhere to established standards of ethical practice, as varying conditions between communities permit.

(c) Every dentist should give his whole-hearted moral and physical support to the advancement of his profession through his local, provincial and national societies, to the mutual benefit of all concerned.

(d) Every dentist should show his appreciation and respect to his teachers and to those who have contributed in the past to the knowledge and art of the profession, by presenting without thought of personal gain such advancements in his science and art which may be of mutual benefit to the profession and the general public.

While the dentist may patent instruments, appliances and medicines, or copyright publications, methods and procedures, the use of such patents or copyrights so to receive excessive remuneration from them, which retards or inhibits research, or restricts the benefits derived therefrom is unethical. To obtain a patent and use it for his own aggrandizement or financial interest, to the detriment of the profession or the public, is most unethical.

Clause III: **Obligations to Professional Confreres**

In his relationships with his colleagues, every dentist should behave in such fashion as he would to a brother, doing and saying only those things which he would appreciate from others.

(a) It is most unethical for any dentist to pass comment in judgment of the qualifications and procedures rendered by his confreres, except as such comment shall be to the mutual benefit of all concerned.

(b) Where patients have been referred for consultation or seek emergent treatment, the dentist to whom they have been referred should be most cautious in his relationship to such patient, and render only such comment and treatment as has been specifically requested by the original dentist. The patient should be referred back to the attending dentist as soon as possible.

(c) In presenting himself to the public, a dentist should do only those things which will present him as an equal of his professional brethren, except as he may be duly qualified to practise as a specialist in his province. Announcements of any nature to the public in connection with his practice should not contain any reference to qualifications (other than by accepted abbreviations of recognized degrees, diplomas, and specialist qualifications), procedures or equipment.

(d) Solicitation of patients, directly or indirectly, by a dentist, by groups of dentists, or by institutions or organizations is unethical.

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Advertising as such is not proscribed, providing it does not take a form which might be construed as solicitation of patients.

Thus, the dentist may:

1. use such sign or signs which in size, character, wording, and position reasonably may be required to indicate the entrance and location of the premises in which the practice is performed. Such signs should be of character, size and material as may be approved by the legal body of the community in which the practice is located.
2. use professional cards indicating only the name, degree, office address, and telephone of the dentist.
3. use accounts and receipts.
4. use appointment cards and recall notices.
5. use announcements of commencement of practice, change of location, or restriction of practice.

In this connection, it is proper for a dentist to send announcements to his colleagues, to his intimate personal friends not in the dental profession, and to those persons in allied fields with whom it may reasonably be expected that he will associate. Announcements of the opening of an office should not be mailed indiscriminately to all persons in the community nor should commercial mailing lists be utilized.

6. use telephone listings in the white pages of the directory to show profession, office and home addresses, in standard lettering. In the yellow pages of the directory the listings should be in standard small lettering only.

The practice of permitting one's name to be listed in commercial advertising directories, unless such directories include on like terms and without discrimination the names of all licensed practitioners in the area served by the directory, is interpreted as an indirect means of soliciting patients.

The indiscriminate mailing of reprints, without sufficient reason, is construed as an attempt to solicit patients, either directly or indirectly, or an attempt to bring undue attention to the author. At the same time an author may honour requests for copies of his article.

(e) It is an accepted principle that the most worthy and effective advertising is the establishment of a well merited reputation for professional ability and fidelity; and that disregard for local customs and offences against recognized ideals are unprofessional.

(f) Articles to newspapers, or an interview reported to the press or submitted thereto, or an appearance or recording transmitted to radio or television,

shall be held to be unpermitted advertisement if they include the name or professional address of the dentist and an indication that he is in practice at that address. A dentist who gives an interview to a representative of the press, radio or television, should take steps to ensure that the above views are respected.

Statements and interviews by duly elected or appointed officials of organized dentistry as may be directly connected with their appointment are not precluded.

(g) The presentation of newspaper articles, and presentations on radio and television by individual members of the profession, in general, should have the prior approval of recognized professional organizations to avoid the unethical position of soliciting patients.

Clause IV: **Obligations to the Public in General**

The subject of professional ethics deals equally with individual relationships with the public, with professional confreres, and with the profession at large. There is only one set of moral standards to be used in relation to colleagues and in the matter of public relations.

(a) In his relationship with the public every dentist should realize the preventive as well as the restorative aspect of his professional services, and he should seek such opportunity as may be presented to educate the public in the aims and desires of our profession, that the general dental health of all may be bettered. Such presentations should have the approval of the profession in accordance with accepted principles of that time.

(b) Because of the advantages of his education and his singular relationship to the public, in that unlike most professional men, he is dealing daily with people in their state of normal good health and emotional stability, the dentist has an opportunity to study and appreciate the interests and problems of a large cross-section of the population. Therefore, he should make it his duty to take an active interest in the affairs of his community.

The dentist has a responsibility not only to the individual, but also to society. These responsibilities deserve his interest and participation in the activities which have the purpose of improving both the health and the well-being of the individual and the community.

(d) The dental profession should safe-guard the public and itself against dentists deficient in moral character or professional competence. Dentists should observe all laws, uphold the dignity and honour of the profession, and accept its self-imposed disciplines. They should expose without hesitation illegal or unethical conduct of fellow members of the profession.

(e) Contract Practice — may permit a dentist to enter into an agreement with individuals, institutions, corporations, city, municipal, provincial and

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federal governments to provide dental services, provided that the contract or agreement does not contravene the principle of ethics as laid down or implied in either a provincial or the Canadian Dental Association's Code of Ethics.

(f) Auxiliary Personnel — the dentist has an obligation to protect the health of his patients at all times, by not delegating or referring to a person less qualified, any service or operation which requires the professional competence of a dentist, or condoning or being a party to such referrals. The dentist and the profession have a further obligation of prescribing and regulating the work of all auxiliary personnel, in the interest of rendering the best service to the patient.

(g) Incorporation of a dental practice is unethical.

COMMENT and ACTION

1. Informative.
2. (a) Informative.
(b) Concur in excellence of Code and commend Dean J. D. McLean.
3. Noted.
4. It is recommended that the Committee on Ethics make rulings without qualification and report all rulings at the next following Annual Meeting.
5. (a) Concur in reference to reply to communication.
(b) Proposed Code amended to include "Incorporation of Dental Practice" (see Appendix A. Clause IV (g))
6. (a) Noted.
(b) Contract practice covered in Appendix A, Clause IV (e).
7. (a) Noted.
(b) Auxiliary personnel covered in Appendix A, Clause IV (f).
- 8, 9. Noted.
10. Agreed.
11. Noted and agreed.
12. Noted.

WHEREAS the Canadian Dental Association has no stated Code of Ethics,
and

WHEREAS there is a definite need for such a Code, and

WHEREAS a proposed Code of Ethics was presented for study at the last
annual meeting of the Canadian Dental Association in 1958, and

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WHEREAS through the publication of the 1958 Transactions of the Canadian Dental Association the members are familiar with this proposal, and

WHEREAS the proposed Code has been circulated to each of the provincial legal bodies for consideration and comment, and

WHEREAS the proposed Code will promote the best interests of the public and the dental profession in Canada, therefore be it

RESOLVED that this Code of Ethics as amended be adopted.

ADOPTED

We recommend adoption of the report of the Committee on Ethics.

APPROVED

HEADQUARTERS PROPERTY

MEMBERS: *R. P. Lowery, Chairman, Toronto; H. W. Reid, Toronto; G. V. Fisk, Toronto.*

REPORT

- 1. Since the last report, many significant additions and alterations have taken place which we believe have added considerably to the comfort and efficiency of your headquarters.
- 2. Improved lighting recommended by hydro authorities has been completed as far as originally planned.
- 3. A fireproof room, complete with vault door, has been completed in the basement. This provides needed space for safe storage of valuables.
- 4. The former editor's office has been converted to add necessary further accommodation for the library.
- 5. Offices formerly occupied by tenants have been renovated for use of the editor and the deputy secretary.
- 6. Third floor storage space has been converted to provide a staff room.
- 7. We have a national headquarters second to none in the country. Come and visit it.
- 8. The proposed budget for 1960 is appended.

Appendix A

1960 BUDGET

Receipts

Rental	\$5,400.00
Total	\$5,400.00

Disbursements

Repairs and maintenance	\$1,600.00
Taxes	1,100.00
Janitor	700.00
Heat	550.00
Gas and water	300.00
Light	550.00
Audit	75.00
Insurance	350.00
General expenses	100.00
	\$5,325.00

ADOPTED

COMMENT and ACTION

- 1 - 6. Noted with satisfaction.
7. Agreed.
8. Approved.

We thank the Committee on Headquarters Property for its efficient management. We recommend the adoption of the report of the Committee on Headquarters Property.

APPROVED

MEMBERS: *P. G. Anderson, Chairman, Willowdale, Ont.; T. R. Marshall, Toronto, Ont.; E. S. Dorion, Montreal, P.Q.; L. V. Janes, Hamilton, Ont.; W. R. Scott, Vancouver, B.C.; Wm. H. Macneil, Halifax, N.S.; L. Bernier, Quebec, P.Q.; Ex-officio: H. W. Reid, Toronto, Ont.*

REPORT

1. A meeting was held at the Canadian Dental Association Headquarters on April 27th and 28th, 1959.
2. The recommendations and comments on the committee's report to the Board of Governors last year were received and action taken wherever indicated.
3. The representative from the Orthodontic section — Dr. R. D. Leuty — was welcomed to the committee's discussions, as was Mr. W. E. Jackson of the Canadian Dental Service Plans Incorporated, who reported many observations relating to dental service corporation plans.
4. Health Insurance Studies reports were received from seven of the provinces. Since the introduction of prepayment and postpayment plan discussions, and also the deliberations on dental service corporations, the number of areas where studies of this nature have been introduced is worthy of note. This is a healthy situation. It is hoped other areas will follow this pattern of investigation. Since the last meeting of the Board of Governors another province has set up a full fledged dental service corporation plan. The framework for such dental service corporations is already designed. All that remains to be done is for the local areas to operate the machinery to make it work.

Having completed arrangements for the implementation of plans on a province-wide basis, some of the reports containing studies of this nature appear in Appendix A and B. Other reports — readily available for reference — are progress or observation reports representing much study and effort by the Health Insurance Studies Committees and groups in the respective provinces and will be reported on when final presentations are made.

5. On March 11th, 1959, a federal charter creating Canadian Dental Service Plans Incorporated was recorded and the date of incorporation was made retroactive to January 9th, 1959. The objects of the corporation were developed in agreement with principles approved by the Board of Governors of this Association. D.S.P.I., briefly, is a dental service corporation which has been established to provide or assist in administrative services relative to plans for dental care which have been approved by the participating provincial dental bodies. Policy, then, remains the prerogative of the provincial body.

In several provinces D.S.P.I. is providing, either entirely or partially, administrative services relative to a post payment plan for dental services (See

Appendix B). This plan permits patients to receive the dental treatment they require when they need it and pay for it on an extended basis. In one province D.S.P.I. administers, as well, the Dental Welfare Plan as contracted between the Provincial Department of Public Welfare and the dental legal or corporate body of that province.

The importance of the development of D.S.P.I. cannot be overstated because the profession now has a means of extending its services more broadly while retaining control of the administration of its own services. The alternative is some form of government-controlled plans. This fact, however, is not apparently realized because the general utilization of the services of D.S.P.I. is such that **unless there is a greater appreciation and understanding of** (a) **the philosophy which brought the organization into existence,** and (b) **the true role which the organization can play in the conduct of dental practice,** D.S.P.I. will fail.

D.S.P.I. has never been intended to be a collection agency. Its Post Payment Plan makes available to honest people a means whereby they may receive the dental care they require even though such persons may be financially incapable of remitting full payment for the services at the time the services are provided. If an inordinate number of dentists continue to make the plan available only to the "professional debtor" group and if greater participating membership is not obtained then D.S.P.I. cannot possibly provide the services it was designed to render.

The matter is possessed of real seriousness and should be carefully considered by this Board.

6. At the time of preparation of this report no observations can be made in respect to the tabulated data of the economic survey for 1958. The only comment is that the percentage of returns is greater than for the previous survey of 1953. This is good and of course more significant. Summary Data for the Economic Survey for 1958 appears as Appendix C.

7. Seventeen years have elapsed since the Health Insurance Studies Committee first came into being. A review was made of the activities of the committee to assess the influence or effect on present and projected patterns of a health insurance nature. This review brought into clearer focus the need for further statistical information, advice and consultation in areas beyond the capacity in training of a dentist. To this end the committee reaffirms its resolution as approved at the last annual meeting of the association (1958 Transactions, p. 124 — item 12), and asks that the resolution be implemented as soon as possible.

A digest, Planning in Review, appears as Appendix D.

8. There is much interest in many parts of North America in pre-payment types of plans for dental care. Unions particularly are favourable to this type of plan (see 1955 Trans. p. 93 item 12). An international representative of a

HEALTH INSURANCE STUDIES

large union appeared before the committee to discuss attitudes and objectives of organized labour in health insurance plans. Briefly summarized the observations are:

- (a) they are investigating health plans to be presented to the membership and eventually to employers.
- (b) great majority of union members now have some form of coverage for hospital and medical care and dental care is the glaring gap; there is a demand for a proposed dental care plan.
- (c) health security gives a feeling of general security to union members.
- (d) union is not necessarily opposed to government sponsored plans.
- (e) dentists are essential and union would like to see dentists sponsor a plan.
- (f) union reaction would be favourable to a plan covering dental care for children but undoubtedly expanded coverage as soon as possible would be desired.
- (g) two problems are to be met:
 - (1) provision of best available dental care
 - (2) provision of care in terms of union members' ability to pay.

The Health Insurance Studies Committee agreed that further study of pre-payment plans should be made with a view toward establishing a pilot plan. The following motion was approved:

THAT a sub-committee be appointed by the chairman of the Health Insurance Studies Committee chaired by a member of this committee, to study all aspects of a plan to provide dental service to interested groups such as unions; the sub-committee should be prepared to recommend a detailed plan for a pilot model of a prepaid service to this committee at its next meeting.

In view of the concern expressed by the union representatives respecting the welfare of families of the membership, a further motion was approved:

WHEREAS this Health Insurance Studies Committee has recommended that a committee be appointed to study 'all aspects of a plan to provide dental services to interested groups such as unions' be it

RESOLVED that the Ontario Society of Orthodontists be requested to study the same problem and report to this committee for its next meeting.

9. The Chairman of the Hospital Dental Services Committee presented before the committee some of the problems regarding dental treatment in hospitals not covered by the Hospital Insurance Plan. It was pointed out that the provinces should be encouraged to obtain amendments to hospital acts to cover the dentistry of a warranted hospitalized nature.

10. The chairman wishes to record his thanks to all the members of the committee, to the secretary, the provincial representatives, and all those who participated in the discussions.

Appendix A

**REPORT OF THE HEALTH INSURANCE STUDIES COMMITTEE
OF THE NOVA SCOTIA DENTAL ASSOCIATION
For the year 1958 - 1959**

1. Since the last report of the Nova Scotia Committee on June 9th, 1958 much of our planning has been brought into effect and great progress has been made in the realization of the remaining objectives.

2. For the first time in Nova Scotia a recommended minimum scale of fees was approved by the annual meeting of the association of September 25th, 1958 and distributed to all the membership. The scale of fees was drawn up by this committee following a provincial survey and the establishing of an average for the province. In determining a fee much assistance was obtained from the established fee schedule in the province of Ontario and the approved schedule of the Department of Veterans Affairs. The recommended fee schedule was well received by the profession and filled a worthwhile need.

3. Effective October 1st, 1958 the Workmen's Compensation Board of Nova Scotia approved a revised scale of dental fees for the province drawn up by this committee and submitted by the executive of the Nova Scotia Dental Association (NSDA). The Workmen's Compensation Board scale of fees was based upon, and in line with, the recommended minimum scale for the province discussed in para. 2. For many years the scale of fees paid by W.C.B. has been woefully inadequate.

4. An interesting observation is found in the Report of a Royal Commission (Mackinnon Commission) studying the Workmen's Compensation Act of Nova Scotia and released in January 1959. "That the Schedule of Fees of the Medical Society of Nova Scotia and of the Dental Society of Nova Scotia should be the basis of payment for medical and dental services authorized by the Workmen's Compensation Board." The N.S. government is at present studying the Commission's report, and it is very likely that most of the recommendations will become law. It will be interesting to see if this particular recommendation will be adopted.

5. Following recommendations of this committee the Annual Meeting of the NSDA in September 1958 authorized the NSDA executive to proceed with, (1) the introduction of a Post Payment Plan in N.S. similar to the one successfully operating in Saskatchewan and (2) the establishing of a Dental Services Board to set up and administer the plan. This committee was directed by the executive to implement the two recommendations.

HEALTH INSURANCE STUDIES

6. The Nova Scotia Dental Services Board (NSDSB) was incorporated on March 20, 1959 under the Societies Act of Nova Scotia and in line with the recommendations on "The Dental Service Corporation" of the Health Insurance Studies Committee of the C.D.A. as published in the Transactions, 1958, pp. 133-136.

Incorporation under the Societies Act of N.S. gave very restricted power to the Board; for instance, it cannot operate a business nor can it indulge in any activity with a profit motive. However it did make the Board a legal body, with limited liability and an independent body from the NSDA but responsible to it in that all members must be approved by the Association and an annual report of its activities made to the Association.

The Societies Act was therefore felt to be adequate and chosen because of the ease of incorporation and because it was a less expensive procedure. Furthermore, due to the federal charter granted Canadian Dental Service Plans Inc. (DSPI), making it operable in any province of Canada, the NSDSB has sufficient powers under the act to introduce into the province any plan having its own incorporation.

Should the NSDSB ever decide to set up and operate a plan of its own then it must incorporate again under the Companies Act of the Province; however such a decision is highly unlikely in the foreseeable future. The charter members of the NSDSB are the six present members of the Health Insurance Studies Committee of the NSDA and the board will gradually be enlarged to a maximum of fifteen members through annual meetings of the Association.

7. Before DSPI was granted a federal charter this committee was investigating ways and means of implementing the Post Payment Plan in Nova Scotia. The establishing of DSPI in Toronto with the blessings of the C.D.A. and their generous offer to extend its facilities into all provinces appeared to this committee to be the most satisfactory method of operating the plan in Nova Scotia. This was for the following reasons: (1) the operation of the plan in N.S. would likely be more successful if tied in with the larger provinces; a central, uniform administration would make for economy and efficiency and (2) it was felt desirable to set out to make the plan Canada wide; by teaming up with the other provinces under DSPI, Nova Scotia would be giving support in this direction.

Negotiations were therefore instituted with DSPI in Toronto to take over operation of the Nova Scotia Plan by July 1st, 1959. To date negotiations between Nova Scotia Dental Services and DSPI have been very satisfactory and briefly the arrangements agreed upon are as follows:

Nova Scotia Dental Services (NSDS) are responsible for familiarizing the dentists and public of this province in the advantages and method of operation of the plan. NSDS will conduct a campaign to sign up as many as possible of the profession in the province and encourage them and the

public to take advantage of the plan whenever indicated. NSDS will be responsible for the continued successful operation of the plan in the province.

DSPI will process all accounts submitted by dentists who are participating through NSDS. In this respect Nova Scotia dentists submit accounts under the plan directly to DSPI in Toronto and these are handled in exactly the same manner as now exists for accounts submitted by participating Ontario dentists. The above arrangements are aimed at simplifying and standardizing the work at DSPI.

8. To carry out its portion of the agreement NSDS must have funds and a continuing source of revenue. The NSDA has no permanently employed personnel or permanent quarters which the Board can utilize. The Board therefore has, with the assistance of the Association, sublet quarters at 353 Bayers Road, Halifax and engaged the services of Mr. Ralph Ricketts (both on a part time basis) to assist in the setting-up and the administration of the plan in Nova Scotia.

May July 1st, 1959 see the successful culmination of the efforts of the Health Insurance Studies Committees of the NSDA and the CDA in the successful operation of this most worthwhile plan in Nova Scotia. May it be adopted in turn by the remaining provinces. May this professionally sponsored plan prosper to the betterment of Canadian dental health and the strengthening of Canadian Dentistry.

WILLIAM H. MACNEIL,
Chairman.

Incorporated under the Societies Act of Nova Scotia, March 20, 1959.

MEMORANDUM OF ASSOCIATION OF NOVA SCOTIA DENTAL SERVICES BOARD

1. The name of the Society is NOVA SCOTIA DENTAL SERVICES BOARD, hereinafter called "The Board".
2. The objects of the Board are:
 - (a) To promote the cause of dental health in the Province of Nova Scotia by education programmes and by the dissemination of health literature and information, and to encourage and foster a higher standard of dental hygiene in the Province of Nova Scotia.
 - (b) To promote the cause of dental health in the Province of Nova Scotia by encouraging and facilitating the establishment of prepaid and/or instalment payment dental plans by other organizations or companies, and in that regard to represent in negotiations with such organizations, the members of the dental profession.

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(c) To promote the cause of dental health in the Province of Nova Scotia by offering to the public a standardized low-cost method of paying for dental services by instalment payments to be administered by some other company, group or organization.

3. The activities of the Board are to be carried on in the Province of Nova Scotia.

4. The registered office of the Board is Suite 21, 353 Bayers Road, Halifax.

PROVIDED that nothing herein shall permit the Board to carry on any trade, industry or business, and the Board shall not be conducted for gain or profit, and any revenue received by the Board as a result of its activities shall be used exclusively in promoting the aforementioned objects.

We, the several persons whose names, addresses and occupations are subscribed, desire to be formed into a Society in pursuance of this Memorandum of Association.

Witness	Name	Address	Occupation
.....	John Francis Burke	Charlotte St. Sydney	Dentist
.....	Thomas Lewis Rogers	Yarmouth Truro	Dentist
.....	Harold MacCormack	Prince Street Halifax	Dentist
.....	Wm. H. Macneil	301 Barrington St. Halifax	Dentist
.....	H. J. MacConnachie	128 Spring Garden Rd., Halifax	Dentist
.....	G. W. Caldwell	130 Commercial St. Dartmouth	Dentist

ARTICLES OF ASSOCIATION
OF NOVA SCOTIA DENTAL SERVICES BOARD

In these By-Laws, unless there be something in the subject or context inconsistent therewith;

- 1. "Board" means the Nova Scotia Dental Services Board.
"Association" means the Dental Association of the Province of Nova Scotia.
"Directors" means the Directors for the time being of the Nova Scotia Dental Services Board.

“The Registrar” means the Registrar of Joint Stock Companies for the Province of Nova Scotia.

Words importing the singular number only, include the plural number and vice versa. Words importing the masculine gender only, include the feminine gender.

Membership

2. The subscribers to the Memorandum of Association shall be Members of the Board until the Annual Meeting of the Association next following the incorporation of the Board; thereafter Membership of the Board shall consist of not more than 15 persons to be elected by the Association which shall have exclusive authority to define the qualifications for Membership.
3. Each person so elected shall be a Member of the Board for a term of three years beginning at the date of the Meeting of the Association at which he is elected. A member may be re-elected any number of times.
4. The names of all persons elected to the Board in accordance with these By-Laws, shall be entered in the Register of Members.
5. The Association may at any time elect a Member to complete the unexpired portion of the term of any Member who has ceased, for any reason, to be a Member of the Board.
6. Notwithstanding Section 3 hereof, at the first election of Members provision shall be made for one-third of the Members to serve for two years, and the remaining one-third to serve for three years.
7. Every Member of the Board shall be entitled to vote at any Meeting of the Board and to hold any office.

Fiscal Year

8. The business and financial year of the Board shall end on the last day of May.

Annual Report to the Association

9. The Board shall present a report on its operations to the next Annual Meeting of the Association held after the end of the financial year of the Board.

Meetings

10. (a) The Annual Meeting of the Board shall be held in each year not later than the first day of the Annual Meeting of the Association. At this Meeting reports shall be presented by the Directors. Auditors shall be appointed for the coming year, and the Annual Report to the Association shall be approved.

(b) Special Meetings of the Board may be called at any time by the

HEALTH INSURANCE STUDIES

Directors or by the President, or in his absence by the Vice-President, and shall be called by the Secretary upon the written request of at least one-quarter of the Members of the Board. If the Secretary does not proceed to cause a Meeting to be held within fourteen clear days from the date such written request is served upon him, the Members making such a request may themselves call the Meeting by giving notice to all other Members making the same. It may consist of several documents in like form, each signed by one or more of such Members.

11. Subject to Section 42 hereof five days' notice of Meetings of the Board shall be given orally or in writing to each member. The proceedings of any Meeting shall not be invalidated because of the accidental failure to give such notice to any person.

12. At all meetings of the Board not less than one-quarter of the Members of the Board shall constitute a quorum. No business shall be transacted at any Meeting unless the quorum requisite be present at the commencement of business.

13. The President, if present, shall preside as Chairman at all Meetings of the Board. In the absence of the President the Vice-President shall be the Chairman. If neither the President nor Vice-President is present the Members present shall elect a Chairman.

14. The Chairman shall have no vote except in a case of an equality of votes, in which case he shall have a casting vote.

15. Every Member, other than the Chairman, shall have one vote and one vote only.

16. The Chairman may, with the consent of the Meeting, adjourn any Meeting from time to time and from place to place, but no business shall be transacted at any adjourned Meeting other than the business left unfinished from the Meeting at which the adjournment took place.

Directors

17. Unless otherwise determined at a Meeting of the Board, the number of Directors shall not be less than five or more than seven.

18. Notwithstanding anything herein contained, the subscribers to the Memorandum of Association shall be the first Directors of the Board.

19. The Directors shall be elected annually by the Association from among the Members of the Board, at the Meeting of the Association next following the Annual Meeting of the Board. The terms of the Directors so elected shall commence at the time of their election and they shall continue in office until their successors are elected.

20. The Board, in its Annual Report to the Association, may nominate Members of the Board as Directors.

21. In the event of a Director dying or resigning or ceasing to be a Member of the Board, the vacancy thereby created may be filled for the unexpired portion of the term by the Directors from among the Members of the Board.

Meetings of Directors

22. Meetings of the Board of Directors shall be held as often as the business of the Association may require, and shall be called by the Secretary. Notice of such Meetings specifying the time and place thereof, shall be given either orally or in writing to each Director at least two days before the Meeting is to take place, but non-receipt of such notice by any Director shall not invalidate the proceedings at any Meeting of the Board.

23. No business shall be transacted at any Meeting of the Directors unless three Directors are present at the commencement of such business.

24. The President, or in his absence the Vice-President, or in the absence of both of them, any Director elected from among those Directors present, shall preside as Chairman at Meetings of the Directors.

25. The Chairman shall have no vote except in a case of an equality of votes, in which case he shall have a casting vote.

Duties and Powers of Directors

26. The business of the Board shall be managed by the Directors, who may exercise all such powers of the Board as are not hereby or by Statute required to be exercised by the Board in general meeting; but no regulations made by the Board in general meeting shall invalidate any prior act of the Directors which would have been valid if such regulations had not been made.

27. The Directors may delegate any of their powers to Committees consisting of such Director or Directors as they think fit and may from time to time revoke such delegation. Any committee so formed shall in the exercise of the powers so delegated, conform to any regulations or directions that may from time to time be imposed upon it by the Directors.

28. The Directors shall report in writing to the Annual Meeting of the Board.

29. The Directors shall choose a Seal for the Board.

30. The Directors shall engage such assistance, clerical or otherwise, as they may deem necessary, and they shall determine the remuneration to be paid for such services.

Committees

31. (a) The Directors shall appoint such standing Committees as they may judge to be required for the work of the Board and shall determine the duties of these Committees.

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(b) Any person eligible for Membership in the Board may be appointed to such Committees provided that the majority of the Committee Members are Members of the Board.

(c) A majority of the Members of any Committee shall constitute a quorum.

Officers

32. The Officers of the Board shall be a President, a Vice-President, a Secretary and a Treasurer. These shall be elected at the first meeting of the Directors and shall continue in office until their successors have been elected. The Secretary need not be a Member of the Board.

33. The Directors may at any time elect an Officer to fill the unexpired portion of the term of any Officer who has retired for any cause.

34. The Secretary shall have charge of the Minute Book and records of the Board and he shall have custody of the Seal of the Board. He shall cause records to be made and preserved of all Meetings of the Board and of its Directors. He shall keep and maintain a list of Members and shall be responsible for giving proper notice of all Meetings of the Board and of the Directors, and shall perform such other duties as may from time to time be prescribed by the Directors.

35. The Treasurer shall have charge of the books of account and shall generally supervise the receipts and expenditures of the Board, and shall be the custodian of the funds. He shall keep full and accurate accounts of receipts and disbursements, and shall deposit all monies in the name and to the credit of the Board. He shall disburse the funds of the Board as may be authorized or ordered by the Directors and shall render to the Directors, whenever required to do so, an account of his transactions as Treasurer and of the financial condition of the Board. He shall also perform such other duties as may from time to time be prescribed by the Directors.

36. Any two of the Officers shall sign all cheques, promissory notes and other negotiable instruments authorized by the Directors.

37. Contracts, deeds and generally all documents requiring the Seal of the Board shall be attested by the signatures of the President and Secretary. In the event of the absence of either one of these Officers the Vice-President or the Treasurer may sign in his stead.

38. The Directors may require all Officers or Agents having custody of funds of the Board to furnish security by Bond in such manner and in such amounts as the Directors shall direct. The Directors may also require the bonding of any Officer in other instances if they so desire. The cost of any Bond furnished in compliance with this section shall be borne by the Board.

39. The President shall be, ex officio, a Member of all standing Committees. If the Secretary is a Director he shall be a Member of all standing Committees.

Audit of Accounts

40. An Auditor or Auditors shall be appointed annually by the Board at the Annual Meeting, and on failure of the Board to appoint such the Directors shall do so.

41. The Auditor shall make a written report to the Board upon the balance sheet and accounts, and in every such report he shall state whether in his opinion the balance sheet is a full and fair balance sheet and properly drawn up so as to exhibit a true and correct view of the Board's affair, and such report shall be read at the Annual Meeting. A copy of the balance sheet showing general particulars of its liabilities and assets and a statement of its income and expenditures in the preceding year audited and signed by the Board's Auditor or by two Directors, if no Auditor, shall be filed with the Registrar of Joint Stock Companies at Halifax, Nova Scotia, within fourteen days after the Annual Meeting in each year as required by law.

Winding Up

42. Subject to the approval of the Association the Board shall be wound up voluntarily whenever a Resolution is passed by the votes of three-fourths of the Members of the Board present at a general meeting, of which ten days' written notice has been given to the Members of the Board requiring the Board to be wound up voluntarily.

Making, Repealing and Amending By-Laws

43. (a) The Board may make additional By-Laws and may repeal or amend any of its By-Laws, by a Resolution passed in the manner prescribed by law.

(b) Notice of intention to make, repeal or amend any By-Laws shall be given at a Meeting of the Board previous to that at which the proposed addition to or change in the By-Laws is to be considered.

(c) Such additions to and changes in the By-Laws shall not be effective unless and until approved by the Association and the Registrar.

Miscellaneous

44. The Board shall file with the Registrar with its annual statement a list of its Directors with their addresses, occupations and dates of appointment or election, and within fourteen days of a change of Directors notify the Registrar of the change.

45. The Board shall file with the Registrar a copy, in duplicate, of every Special Resolution within fourteen days after the Resolution is passed.

46. A copy of the Board's Memorandum of Association and By-Laws shall request of a Member and on payment of fifty cents be furnished to such Member.

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47. Any Director or Officer may be removed by the Board on the recommendation of a majority of the Directors.
48. Exercise of borrowing powers shall be pursuant to direction of the Directors.
49. Books and records of the Board may be inspected by the Members at any time within two days prior to the Annual Meeting at the Registered Office of the Board, between the hours of 10:00 a.m. and 12:00 noon and between the hours of 2:00 p.m. and 5:00 p.m.

IN WITNESS WHEREOF the subscribers to the Memorandum of Association have hereunto subscribed their names the day of February A.D., 1959.

Witness	Name	Address	Occupation
.....	 John Francis Burke	Charlotte St. Sydney	Dentist
.....	 Thomas Lewis Rogers	Yarmouth	Dentist
.....	 Harold MacCormack	Prince Street Truro	Dentist
.....	 William Hamilton Macneil	301 Barrington St. Halifax	Dentist
.....	 Hugh John MacConnachie	128 Spring Garden Rd., Halifax	Dentist
.....	 Gordon Wallace Caldwell	30 Commercial St. Dartmouth	Dentist

Appendix B

REPORT OF ONTARIO DENTAL SERVICES COMMITTEE

Introduction

On January 1st, 1959 two plans for dental care service were inaugurated in Ontario — a Dental Welfare Plan and a Post Payment Plan. In order to administer these plans the Board of Directors of the Royal College of Dental Surgeons of Ontario (RCDS) being cognizant of, and in agreement with, the

CDA policy statement on Group Dental Service Plans, took the necessary action to incorporate a Dental Services Board. Again with the approval of the CDA a federal charter was sought in order that the organization could function inter-provincially. Thus Canadian Dental Service Plans Incorporated (DSPI) was brought into being and this organization presently serves the provinces of Saskatchewan, Alberta, and Ontario as outlined below.

Canadian Dental Service Plans Incorporated

Extended negotiations resulted in the recording on March 11th, 1959 of a body corporate and politic without share capital under the name of Canadian Dental Service Plans Incorporated. The date of incorporation was effected retroactive to January 9, 1959. The purposes and objects of the corporation are:

- a) to promote the cause of dental health in the provinces of Canada by making available to the public a standardized, low-cost method of paying for dental service on a post-operative basis;
- b) to promote the cause of dental health by the dissemination of health literature and information;
- c) to establish, maintain and conduct facilities to accommodate the handling of dental accounts for members of the dental profession and generally to act as agent for members of the profession with respect thereto.

The business of the corporation shall be carried on without pecuniary gain to its members and any profits or other accretions to the corporation shall be used in promoting its objects.

General Policy

Any province in Canada, the provincial body of which desires to have utilized in such province any service made available by the corporation, shall be eligible to be a participating province. Each application by a province shall be considered and passed upon by the Board of Directors and the Board shall have the power to require as a condition of accepting any such application that the applicant participate proportionately in the financing of the corporation on such basis as the Board deems fair and equitable.

The affairs of the corporation shall be managed by a Board of Directors consisting of a minimum of two directors from each province which is currently a participating province. The Board shall not consist of less than five directors and three shall constitute a quorum. The selection and appointment of directors for each participating province shall be made by the provincial body of such provinces and the provincial body also has the power to remove such directors at any time. The directors initiate and promulgate the general plans and policies of the corporation. They may make such arrangements as

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they deem advisable with any provincial body or other organization or individual for the provision by such body, organization or individual of secretarial, administrative or other services upon such terms as to the Board shall seem proper.

In each participating province the provincial body of such province shall determine the manner and extent to which and the period during which facilities made available by the corporation may be introduced and utilized in such provinces provided that the corporation shall not be obliged to service or administer any such plan unless and until the directors of the corporation shall have determined that continuation of the servicing of such plan is no longer practicable and except upon terms and conditions satisfactory to the directors of the corporation. Any participating provinces shall be free to withdraw from participation at any time on such terms as the directors deem fair and equitable.

On April 15th the first meeting of the corporation took place in Toronto and the RCDS was accepted as a participating province and some 784 Ontario dentists were accepted into individual memberships.

The original Application for Incorporation was made by Doctors R. J. Godfrey, D. B. McAdam, R. P. Lowery, and Wesley J. Dunn and by Mr. Gordon Watson, Q.C. Dr. D. C. Stiles, Dr. P. E. Willson, and Dr. W. H. Feasby later assumed directorships having been appointed by the R.C.D.S. Board. Drs. Lowery and McAdam continued as Directors making a Board of five members.

Dr. D. C. Stiles and Dr. W. H. Feasby were elected president and vice-president, respectively, and Mr. W. E. Jackson was appointed secretary-treasurer of the Corporation.

Present Services Provided by D.S.P.I.

a) In Saskatchewan

The Post Payment Plan in Saskatchewan is administered through the Toronto office with all items being cleared through a Saskatoon post office box. At the present time there are 45 Saskatchewan dentists participating.

b) In Alberta

The administrative arrangement in Alberta varies somewhat from the plan in Saskatchewan. The responsible committee of the Alberta Dental Association has extended the operations of the office of the A.D.A. to provide direct administrative services in that province. The plan is operated almost entirely through the Alberta office but the forms being employed are similar to those in use in Ontario and Saskatchewan.

Where patients in Alberta make payment to the banks, these amounts are forwarded by the banks to the branch of the bank holding DSPI accounts.

The bank coupons are sent weekly by the Toronto office to the office in Edmonton and once each month the Toronto office issues a cheque for the total received to the Edmonton office.

Explanatory and promotional literature has been developed and produced by the Toronto office.

c) **In Ontario**

Two plans are presently being administered by DSPI in Ontario. The first is a Dental Welfare Plan in which approximately 20,000 children under sixteen years of age who qualify under the Mothers' and Dependent Children's Allowance Act (1957) receive basic dental care through a contractual agreement effected between the RCDS and the Ontario Department of Public Welfare.

The second plan is a Post Payment Plan for dental services in which a patient may receive the dental treatment he requires when he needs it and pay for it on an extended basis. Both plans have been approved by the Board of Directors of the RCDS.

1. **The Welfare Plan**

On April 22, 1958 the Minister of Public Welfare on behalf of the Government of Ontario and the President and Secretary of the RCDS on behalf of the profession effected a contract in which the profession agrees to provide basic dental care to dependent children or dependent foster children under sixteen years of age who qualify within the meaning of the Mothers' and Dependent Children's Allowance Act of 1957. The basic dental care embraces fillings, extractions, necessary radiographs and prophylaxes. The RCDS will receive each month, seventy cents for each child who is a beneficiary under the Act during the month. Approximately 20,000 children are presently eligible. It is the hope of the Board of Directors that further groups will be added as experience is gained both by the profession and the Department of Public Welfare.

The department has furnished each qualifying mother with an identification card which contains her name and address as well as the names and dates of birth of her children. From this the dentist can determine the eligibility of the child.

Each dentist in Ontario has been supplied with a few chart forms on which he can record the pertinent information respecting an eligible patient for whom he wishes to undertake treatment. Following the caries' examination the dentist may then proceed, without authority, to render the care which the agreement permits. Should he go beyond the stipulated treatment or should he render service for an ineligible child then no responsibility rests with DSPI to provide funds for those services. The dentist is prohibited by law from

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rendering any other account or collecting payment from any other source for services he has provided under the agreement.

The Ontario Dental Association is possessed of a Schedule of Fees and this is employed in establishing the fees for treatment within the Plan. Accounts are at present being pro-rated, the dentist receiving 66⅔ % of the O.D.A. Fee. It is hoped that sufficient funds will remain to permit a further payment toward the end of the fiscal year.

The children concerned under this plan have been receiving no care at all, or in the main, individual members of the profession have been providing their services gratuitously.

This plan represents only an initial activity in respect to persons receiving social service assistance. It is the hope of the Board of the RCDS that the service may be extended to others whose lack of employment, whose age or health, make it almost impossible to provide for themselves the essential dental care they require. The present arrangement is on a one year basis and the contract is open for renegotiation at the end of that term. The agreement may be terminated by either party on sixty days' notice in writing.

Participation in Plan

Services under the plan were very limited during the first month mainly because of the delay within the Department of Public Welfare in providing entitlement cards to beneficiaries. A report on the first quarter's activities then may be somewhat misleading because of the relative inactivity in January.

To the end of March 1959 dental treatment was provided as follows:

1.	Number of children cared for	-	-	-	-	-	922
2.	Number of dentists who participated	-	-	-	-	-	488
3.	Restorations inserted						
	— anterior	-	-	-	-	-	1,242
	— posterior	-	-	-	-	-	1,776
4.	Extractions — anterior	-	-	-	-	-	96
	— posterior	-	-	-	-	-	1,005

The present administrative charges have been assessed at 9% of the authorized fees. This figure, it is believed, is conservative, but greater experience will be necessary before the administrative overhead can be determined. It may be that a reduction in this percentage will be possible and thus release more funds for direct payment to dentists for services rendered.

STATEMENT OF RECEIPTS AND EXPENDITURES

(1st Jan. 1959 to 31st Mar. 1959)

Receipts

Grant for January and February	\$ 28,319.90	
March grant outstanding	14,439.60	
		\$ 42,759.50

Expenditures

Payments to dentists	15,162.00	
Overhead	1,364.58	
		16,526.58
Balance		26,232.92
Less Holdback (33 $\frac{1}{3}$ % reduction on Dentists' fees)		8,264.00
Free Balance		17,968.92

2. The Post Payment Plan

On March 31, 1959 some 784 Ontario dentists were members in the Post Payment Plan. By this date two series of cheques were issued to dentists for whom payments had been received from patients participating in the plan. During this first quarter some 2,487 agreements were processed representing approximately \$210,467.50. Payments totalling \$26,402.79 have been made to participating dentists.

The plan works very simply. Each participating dentist is supplied with the agreement forms and explanatory literature. A wall plaque stating that the office is a member of DSPI Post Payment Plan is provided as well as a smaller edition of the plaque for use wherever the financial arrangements are discussed with the patient. Pamphlets also indicating the availability of such a plan and all pertinent details respecting it are provided for the reception room literature table.

After the examination has been performed, the case presentation made, and the estimate of cost given then either the dentist or assistant, whichever is preferred, discusses the financial arrangements to be made. If the account is not being paid in cash, then the patient is further acquainted with the deferred payment plan available and if this method is accepted the explanation concludes with the signing of the agreement. The agreement is then forwarded to DSPI from whence all further servicing of the account emanates.

The agreement arranged between the dentist and the patient may be as flexible as both parties mutually agree for it to be. The terms of agreement rest completely with the dentist and his patient and DSPI follows any payment plan stipulated in the agreement. There is neither a minimum nor a maximum amount which can be submitted. There is no minimum or maxi-

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imum time over which the payments must be extended. These arrangements rest entirely with the dentist and his patient.

The cost of participation in the plan for both dentist and patient is modest. To the dentist there is a lifetime membership fee of \$35.00 plus 1% service charge on all amounts remitted. To the patient there is a basic service charge of \$1.00 plus 30 cents per month in each subsequent month the account is carried if the account is less than \$150.00. If the account is \$150.00 or more the basic \$1.00 charge remains the same but the monthly service charge is increased to 50 cents.

While, obviously, this plan is, as yet, not self-sustaining it is hoped that greater participation will be forthcoming. The Board of the RCDS has advanced considerable sums to create and, in the early days, sustain DSPI and the Post Payment Plan it administers. It is hoped that the time will not be too far distant when DSPI will have discharged its financial indebtedness to the RCDS and will be entirely capable of meeting its own financial obligations.

d) Nova Scotia and New Brunswick

Correspondence has been exchanged with both Nova Scotia and New Brunswick relative to the commencement of an operation in each province. These negotiations are insufficiently advanced to permit a further report at this time.

Respectfully submitted,
Wesley J. Dunn, D.D.S.,
Secretary.

Appendix C

SUMMARY DATA OF ECONOMIC SURVEY FOR 1958

The tabulated data for the 1954 Survey of Dental Practice was as follows:

A. Income of Dentists by Location and Age

1. Mean Income of Independent Dentists by Province.
2. Percentage Distribution of Dentists by 1953 Income Level.
3. Mean Net Income of Independent Dentists by Size of City.
4. Mean Net Income of Dentists by Age.
5. 1953 Net Income Related to Year of Graduation.
6. Estimated Total Income of Dentists in Canada.

B. Income Related to Equipment and Time

1. Independent Dentists Mean Net Income — Number of Chairs.
2. Independent Dentists Mean Net Income — X-ray Equipment.
3. Independent Dentists Mean Net Income — Gas Machines.

4. Independent Dentists Mean Net Income — Length of Appointment.
 5. Independent Dentists Mean Net Income — No. of Weeks Worked.
 6. Independent Dentists Mean Net Income — No. of Days Absent — Illness or Disability.
 7. Mean No. of Office Hours per Week — Type of Activity.
- C. Income Related to Auxiliary Personnel and Type of Practice
1. Mean Income of Specialists.
 2. Mean Income — No. of Employees.
 3. Percentage Employing Number and Type of Personnel.
 4. Mean Income — No. of Chairs and Employees.
- D. Mean Expenses, Number of Persons Served and Average Fees.
1. Mean Yearly Expenses (by items).
 2. Mean Yearly Expenses by Provinces.
 3. Average Number of Patients and Sitzings.
 4. Average Number of Patients and Sitzings — Net Income Level.
 5. Average Fees.

Proposal is made that the same data be tabulated which procedure is considered valuable for comparative purposes. Consideration should be given to the need for additional desirable data. I.B.M. tabulation cards will be retained for an indefinite period which may be run through for additional information at any future time.

For the last survey mean figures were established only. The question of establishing median figures should be determined.

The closing date for returns is established at April 30th. Tabulation and preparation of report will require considerable time but will be published by sections initially in the Governors Letter and the next following issue of the Journal.

Appendix D.

PLANNING IN REVIEW

The purpose herein is to review briefly the major actions taken by this committee for purposes of clarification. To some extent the position of the Association appears confused among members in some areas.

1. This committee was hurriedly set up in the spring of 1942 as a result of a communication from the Federal Government announcing the introduction of health insurance legislation. This letter stated that presentations from representative organizations would be heard up to June 15th.
2. The Annual Meeting of the Association occurred in May and during that meeting a set of principles was adopted and a memorandum prepared for presentation to the advisory Committee on National Health Insurance at

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Ottawa. The policy adopted both in the principles and the presentation were based upon prevention and control. While the principles or policy statements on the subject have been revised on several occasions, the policy has not altered and the revisions have been concerned with details.

3. As a result of several initial presentations the draft legislation of the bill entitled an act respecting Health Insurance, Public Health, the Conservation of Health and the Prevention of Disease was altered. Whereas this draft legislation originally included the whole population it was altered to provide for up to selected ages and administrative arrangements were changed to meet the request of the Association.
4. The bill referred to above was printed for introduction in June, 1944 but was not introduced for specific reasons.
5. Since that time government policy has been to introduce health insurance measures piece-meal. Many questions relating to dental service have arisen and been dealt with in keeping with Association policy, established through this Committee.
6. During the intervening years there has been considerable development in voluntary treatment service plans administered by the professions. These plans were based on the philosophy that public health is a government responsibility and treatment services are a responsibility of the professions. A great deal of public support has developed for the administration of treatment services by the respective professions. In this respect satisfaction may be taken in the fact that under the national hospital insurance measure the autonomy of individual hospital boards is sustained.
7. In view of this attitude, with the rapid growth of service plans and the building of administrative machinery for the administration of the plans, the Committee has given serious study to methods of administration of dental treatment services and advised the establishment of plans. Only by the operation of such plans can administrative experience be gained which is so necessary if the profession is to be in a position to maintain control of its own services.
8. No conflict of policy exists. The over-all policy of the Association is one of prevention and control. The advocated treatment plans coming into operation are designed to meet a demand for such plans and give administrative experience.
9. Many studies have been conducted by the Committee. These may be classified as those having to do with statistics related to proposed plans particularly for children and those concerned with details of administrative arrangements in various countries where large scale plans are in operation.

10. In addition to the Annual reports, the Committee has produced several publications.
 - (a) Policy statements as amended have been published and distributed to the profession.
 - (b) The initial presentations were published in pamphlet form (1944) and distributed.
 - (c) The policy of the Association was published in popular language in a pamphlet entitled "A Charter for Dental Health" (1950) which was distributed to the profession and widely to the public and continues to be in demand.
 - (d) In further support of adopted policy the Committee published and distributed a pamphlet entitled "Prevention in a Dental Health Program" (1952).

These publications have been effective in creating a better understanding of the dental health problem both within and outside the profession.

11. In fairness it can be stated that a very different attitude toward the whole matter of dental health services, as compared to initial attitudes, has been created through the work of the Committee.
12. At this stage it would appear that the Committee should give consideration as to direction or the areas which should be emphasized in the work. At the last meeting strong indication was given of statistical need which is now under consideration by the Association.

COMMENT and ACTION

1. 2. 3. Information.
4. It is noted that seven provinces have reported. Those provinces which have not established Health Insurance Studies Committees might well commence some activity before an urgency arises. It is apparent that a need exists for an extension of investigation along these lines.
5. There was considerable discussion regarding the organization, development and apparent results of the operation of the D.S.P.I.
 - (a) It is emphasized that the Post Payment Plan of D.S.P.I. is not a "collection agency".
 - (b) It is imperative that more dentists investigate and use the plan.

WHEREAS the dental profession is now possessed of reasonable experience in the administration of post payment plans, therefore be it

RESOLVED that the Health Insurance Studies Committee be requested to review the Principles on Post Payment Plans in light of this experience.

ADOPTED

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6. Information.
7. Information. It is suggested that "Planning in Review", Appendix D. be read; it is important history.
8. Information. The trend of the present day thinking of larger, thoroughly organized groups, in regard to dental care on a prepaid dental plan basis is significant.

The committee is to be congratulated in their wise endeavour to "be prepared", by planning for a detailed pilot model of a prepaid service to be developed for eventual use.

9. Information.
10. Noted.

We recommend the adoption of the report of the Health Insurance Studies Committee.

APPROVED

MEMBERS: *D. M. Tanner, Chairman, Toronto, Ont.; F. A. Smith, Vancouver, B.C.; G. A. Buchanan, Winnipeg, Man.; J. Methven, Toronto, Ont.; G. de Montigny, Montreal, P.Q.; J. Sherman, Toronto; A. A. Antoni, Toronto; N. Hori, Toronto.*

REPORT

1. One purpose of this committee is to work in conjunction with the Council on Dental Education in the preparation of educational pamphlets for use in hospitals and dental colleges. During the past year, "Lectures in Dentistry for Nurses in Training" was revised. A brochure on dental internships prepared by the Council, for distribution to dental students, was approved by the committee.
2. The legislature of the Province of Ontario has amended the Public Hospitals Act, thereby clarifying the legal status of dentists in hospitals. This is a progressive step following many years of negotiations. The bill provides for the dental care and supervision of patients in hospital; that a member of the dental staff may be appointed an honorary director of the hospital and it provides facilities for the teaching of dental students in hospital. This bill means that a dentist may be appointed to a hospital staff, enjoy the privileges and assume responsibilities as does his medical confrere. The committee is aware that other provinces have been awaiting the outcome of legislation in Ontario and it is to be hoped that they will shortly amend their hospital acts.
3. The Committee has been vitally concerned with the National Hospital Insurance Plan as it affects dental treatment in hospitals. As a result of deliberations, the following resolution is presented for your consideration:

WHEREAS dental infections, traumatic injuries, etc., frequently require hospitalization, and

WHEREAS physical and mental disabilities frequently indicate hospitalization for dental treatment, and

WHEREAS prepaid hospitalization for these cases would benefit dental teaching in hospitals, therefore be it

RESOLVED that the Board of Governors of the C.D.A. recommend to the corporate members that they endeavour to procure dental treatment under the National Hospital Insurance Plan, for at least the following conditions:

1. multiple extraction of teeth
2. removal of complicated, impacted or unerupted teeth
3. dental treatment, where hospitalization is indicated by reason of a systemic condition

HOSPITAL DENTAL SERVICES

4. management of dental infections, traumatic injuries, excision of cysts and tumors in the oral cavity
5. treatment of dental abnormalities deemed to require hospitalization

ADOPTED

4. The program of the committee for next year will be to continue the routine study of hospital dental services, provincial amendments to the National Hospitalization Plan and the preparation of a pamphlet on the policies and by-laws of hospital dental services.

COMMENT and ACTION

1. Noted.
2. The following resolution is hereby presented:

WHEREAS the Canadian Council on Hospital Accreditation has developed rules and regulations whereby Canadian hospitals are accredited, and

WHEREAS grants to hospitals are determined on the basis of the accredited status of hospitals, and

WHEREAS provincial authorities responsible for regulating hospitals within their jurisdiction are required to take cognizance of the policies of the Canadian Council on Hospital Accreditation, and

WHEREAS it would appear that the present provisions of the requirements of the Canadian Council on Hospital Accreditation relative to dental staff by-laws may not be entirely acceptable to the dental profession, therefore be it

RESOLVED that the Canadian Dental Association make representation to the Canadian Council on Hospital Accreditation to

- (a) receive explanation or clarification of the requirements of the Council relative to dental staff by-laws, and
- (b) where these are at variance with C.D.A. policy to present, as effectively as possible, the policies of the C.D.A. with respect to hospitals.

ADOPTED

- 3, 4. Noted and approved.

We recommend the adoption of the report of the Hospital Dental Services Committee.

APPROVED

MEMBERS: *R. L. Currie, Chairman, Ottawa, Ont.; A. W. Grace, Ottawa; A. H. Crowson, Ottawa.*

REPORT

1. The Legislation Committee of the Canadian Dental Association begs to report the following legislative changes pertaining to dentistry and wishes to thank the registrars of the provinces for their support.

2. There has been no legislation, up to the present, respecting dentistry in this Second Session of the twenty-fourth Federal Parliament.

(a) On March 20th an act respecting the Canadian Medical Association, and which is of interest to our profession, was signed by His Excellency the Governor-General.

(b) It reads in part as follows:

Paragraph (f): 'To promote the interests of the members of the Association and to act on their behalf in the promotion thereof . . .'

3. Newfoundland

(a) There have been no legislative changes in the Dental Act in the Province of Newfoundland.

(b) The Society has however drafted a new set of regulations which has been presented to the Minister of Health, and which will be incorporated in the Act when approved by Cabinet.

(c) Your committee has not received a copy of the regulations; so I am unable to enlarge on this statement.

4. Prince Edward Island

There have been no changes in the Dental Act in the past year.

5. Nova Scotia

There were no changes in the Dental Act during the last session of the legislature.

6. New Brunswick

There have been no changes in the Dental Act of this province since the last meeting of the Canadian Dental Association.

(a) The New Brunswick Legislature has rejected a request to allow Joseph L. Alfred Savoie to practice dentistry.

(i) A private bill was introduced requesting that Mr. Savoie be exempted

LEGISLATION

from certain provisions of the Dental Act and be permitted to practice dentistry. The applicant graduated from the University of Geneva, which is not recognized by the Canadian Dental Association or the New Brunswick Dental Society. Mr. Savoie had been offered the opportunity to complete his qualifications at Dalhousie University. The New Brunswick Dental Society opposed the bill on the grounds that Mr. Savoie was not properly qualified. A similar private bill for the same man was rejected by the legislature last year.

- (ii) Dr. J. F. McInerney, Minister of Health for New Brunswick stated in the last session of the legislature that he had no comment to make on fluoridation as it was a controversial subject and everyone was entitled to his or her opinion.

7. Quebec

Bill 92, adopted March 1959, provides amendments to the Quebec Dental Act.

- (i) Section 1 increases from one hundred thousand dollars to two hundred thousand dollars the value of the immoveable property which may be held by the corporation of dental surgeons.
- (ii) Section 2 has the following effects: It repeals sections 66, 81, 82 and 84 of the Quebec Dental Act which contained transitory provisions dating back to the year 1924 and now redundant. Section 80 of the said act provides that no one may begin to practise as a dental surgeon, even after passing his examinations for admission to practice, unless four years have elapsed since the date of registration in the office of the College of Dental Surgeons of the Province of Quebec, of his bachelor's degree or certificate of competency. Section 2 repeals that provision.
- (iii) Section 3 clarifies the text of section 88a of the said act, as much as the commission of each and any separate act mentioned therein constituted the practice of the profession.
- (iv) Section 4 has the following effects: It establishes a concordance between paragraph 5 of section 134 and section 105 of the said act. It renders the penalties of section 134 of the said act applicable to whoever, by means of a sign or poster, or in any newspapers or magazine, or by means of circulars, prospectus, tariff, business cards or other printed matter, advertises or publishes or leads to the belief by any expression or in any manner whatsoever that he practises the profession of dental technician, except in the manner authorized by section 17 of the Dental Technicians Act, or that he is able to make or repair articles of dental prosthesis.

8. Ontario

(a) There has been no change in the Dentistry Act in the province of Ontario since the last meeting of the Canadian Dental Association.

(b) There was however, one major Bill which has a bearing upon our profession, but does not include the Dental Act.

(c) The Ontario Legislature gave third reading to a bill to amend the Public Hospitals Act of 1957. Our profession is concerned in two ways.

(i) It extends the definition of the word "treatment" to include dental services if the Board of the particular hospital authorizes such services.

(ii) In teaching hospitals it makes provision for dental students as well as medical students.

(d) The Ontario Board will now accept as a registrable qualification the Fellowship in Dental Surgery of the Royal College of Surgeons. Thus Ontario will now accept for licensing examination graduates of dental schools approved by the Council on Dental Education, dentists who possess a degree in dentistry from a British Commonwealth University Dental School, and now the F.D.S. holder.

(e) Taken from Hansard on March 6th, 1959, the Hon. M. B. Dymond, Minister of Health for the Province of Ontario in a preamble on fluoridation of communal water supplies had, in part, this to say: "The question (of fluoridation) is raised because three Private Bills are presently before the Legislature which would enable the petitioner municipalities to, under certain conditions, fluoridate their municipal water supply. Clearly the application of these powers is for something which is beyond the policy of the Public Health Act. It is the government's view that such enabling powers should be given, if at all, by the Public Health Act to all Municipalities, and that the principle of the act should not be departed from at the request of isolated municipalities from time to time".

Hon. M. B. Dymond was speaking on a bill to permit fluoridation of Owen Sound municipal water supply which was quashed in the Legislature's private bill committee. Two similar bills from other municipalities were withdrawn.

9. Manitoba

There have been no changes in the Dentistry Act in the Province of Manitoba since the last annual meeting of the Canadian Dental Association.

The illegal laboratory group presented a private members bill in February of this year to legalize "denturists", however the legislature prorogued and the bill was not debated. The government is planning dental legislation if re-elected to office.

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10. Saskatchewan

(a) Bill No. 90, an act representing the dental profession of Saskatchewan, was passed at the recent session of the Legislature of that province.

(b) This draft act as presented to the Legislative Assembly was carefully prepared to meet the current needs of the public and of the profession in Saskatchewan.

(c) The Law Amendments Committee made report to the Legislature suggesting that the Bill be hoisted for one year and considered with the draft bill to be submitted by the Saskatchewan dental technicians. It was referred back from the Legislature to Committee for report. It was disclosed that the Committee wished to delete words "altering or repairing" from the definition section. Representatives of the profession appeared again before the Committee and as a last resort agreed to such deletion. Without further recourse to representation of the profession, the Committee and the Legislature made drastic amendments and passed the act as it now stands.

(d) The following are the pertinent sections as they affect the practice of dentistry in Saskatchewan.

(e) Section 2, sub-section (5) paragraph (a) now reads as follows: The diagnosis or treatment of and the prescribing, treating or operating for the prevention, alleviation or correction, of any disease, pain, deficiency, deformity, defect, lesion, disorder, or physical condition of, in or from any human tooth, jaw or closely associated structure or tissue or any injury there to; and includes also the extraction of any human tooth or any portion thereof.

(f) Paragraphs (b) and (c) of sub-section (5) of section (2) were wholly deleted. They read prior to deletion as follows:

(b) The making, producing, reproducing, constructing, fitting, furnishing, supplying, altering, or replacing, or prescribing or advising the use of any prosthetic denture, bridge, appliance or thing for any of the purposes mentioned in the clause (a) or to replace, improve or supplement any human tooth or to prevent, alleviate, correct or improve any condition in the human oral cavity, or to be used in, upon or in connection with any human tooth, jaw or closely associated structure or tissue, or in the treatment of any condition thereof; and (e) the taking or making, or the giving of advice or assistance or the providing of facilities for the taking or the making, of any impression, bite, cast or design preparatory to, or for the purpose of, or with a view to, the making, producing, reproducing, constructing, fitting, furnishing, supplying, altering or repairing of any such prosthetic denture, bridge, appliance or thing.

Section 50, paragraph (c) now reads as follows:

For hire, gain or hope of reward makes, produces reproduces, constructs, fits finishes or supplies, any prosthetic denture, bridge appliance or thing to replace, improve or supplement any human tooth, without first obtaining from a legally qualified medical practitioner or member of the college in good stand-

ing, a certificate of the oral health of the mouth of the person for whom the work is to be undertaken or to whom the denture, bridge, appliance or thing is to be furnished or supplied.

Section 51 and 52 were entirely deleted. They read as follows:

(g) Every member shall furnish to the dental technician or other person instructed by him to undertake or perform any work or service or give any advice or assistance mentioned in clause (c) of sub-section (1) of section 50, a written prescription therefor signed by the member, and where necessary, shall also furnish to the dental technician or other person a design, impression or cast at the time of the furnishing of the prescription or instructions.

(h) Any work, service, advice or assistance mentioned in clause (c) of subsection (1) of section 50 that is undertaken, performed or given by a person pursuant to a prescription or instructions of a member, and by the use of a design, impression, or cast furnished by a member with such prescription or instructions where a design impression or cast is necessary, shall be deemed not to be a contravention of section 50.

(i) Saskatchewan Health Minister Erb spoke in the Legislature in favor of fluoridation of water supplies, and called "ill-judged" a statement by Ontario Health Minister Dymond that fluoridation is mass medication.

11. Alberta

There have been no changes in legislation affecting dentistry in the Province of Alberta since last meeting of the Board of Governors. There might be some regulations relating to technicians brought up in the House before long. However the Alberta Government does not plan any action this year to authorize "denturists" to set up a professional organization in Alberta.

12. British Columbia

There have been no changes in the Dental Act in British Columbia since the last Canadian Dental Association meeting.

(a) For the past two years a committee has been drafting a new Dentistry Act for British Columbia, but it is still in the formative stages.

(b) Dr. G. F. Shrum, Dean of Graduate Studies at University of British Columbia, has been appointed chairman of the Board of Examiners under the Dental Technicians Act passed at the last session of the Legislature.

COMMENT and ACTION

1, 2. Noted.

We present the following resolution for your approval:

WHEREAS there is a significant number of dentists employed on a salary basis, and

LEGISLATION

WHEREAS it is requisite that professional persons be represented by professional organizations, therefore be it

RESOLVED that the Canadian Dental Association seek necessary federal legislation to permit the Association to act on behalf of its members.

ADOPTED

3, 4, 5. Noted.

6. (i) We commend the actions of the New Brunswick Dental Society.
(ii) Noted with disappointment.

7. Information. It is recommended that as a matter of policy the Committee on Legislation be requested to include in its report an explanation of amendments for the edification of the Board.

8. (a) Noted.

(b) We commend the committee for information on Health Bills of concern to dentistry.

(c) The amendment to the existing act is gratifying.

(d) Noted with interest.

(e) Noted with regret.

9. Informative.

10. (a) to (h) Informative.

(i) Noted with satisfaction.

11, 12. Informative.

We recommend the adoption of the report of the Legislation Committee.

APPROVED

MEMBERS: *T. H. Graham, Chairman, Toronto, Ont.; G. M. Dewis, Halifax, N.S.; D. W. Gullett, Toronto.*

REPORT

1. Increasingly the library has become a great asset to the headquarters for reference purposes. A steady flow of books and informative subject matter is on loan to the membership.
2. Enlargement of physical accommodation for the library became necessary and this extension of space was provided early this year.
3. Up until the present year all books have been purchased through voluntary donations to the Library Trust Fund. Owing to a falling off in donations the Executive has agreed to place an item in the budget in support of the library.
4. Value of the library service is indicated by the number of letters of appreciation received.

COMMENT and ACTION

1. Informative.
2. Noted with pleasure.
3. Agreed.
4. Noted.

We recommend the adoption of the report on the Library.

APPROVED

MEMBERS: *H. A. Hunter, Chairman, Thornhill, Ont.; G. H. W. Lucas, Toronto; F. E. L. Priestley, Toronto; J. W. Cole, Toronto; E. R. Bilkey, Toronto; G. de Montigny, Montreal, P.Q.*

REPORT

1. Terms of Reference

In compliance with a request to review its terms of reference, this committee did so and noted that the proposed terms of reference had been presented in paragraph 4 of the 1956 Transactions and were duly approved by the Board at that time. It was the opinion of the committee that these terms of reference are still appropriate and that any changes are unnecessary at this time.

2. Recommendation

We would recommend that in its capacity as the consultative body the Committee on Nomenclature should be asked:

- (a) To examine and report on any proposed new terminology, and
- (b) To draw up principles for a uniform and systematic usage in professional writing in Canada in co-operation with editors of dental journals.

3. Principles of Terminology

A consideration of the basic principles of terminology was begun under the following sub-headings:

- (a) Multiplicity of names — foolishness which causes the debility of language either by too many synonyms or several meanings for the same word.
- (b) Creation of names by commercial houses to describe one exact chemical.
- (c) The creation of private words and meanings that defy exact definition.

4. Correspondence

A copy of the official statement of the Academie Nationale de Chirurgie Dentaire, Paris, France was read with interest. Their problems in nomenclature and terminology were noted. The question arose — why are English terms used in French? The wish was expressed that the committee would send us further correspondence.

5. Consideration of Specific Terms

- (a) Periodontosis — since no additional light has been shed on the definition of this word during the past year, it is suggested that use of this word be discouraged.

(b) Radio — this is the preferred prefix when using words associated with radiant energy.

(c) X-ray — the word x-ray should be used only when describing those electro-magnetic waves produced by the electron bombardment of metallic ions.

(d) Roentgen — the word roentgen should be confined to describing physical units used in radiation physics.

(e) Complete — the word 'complete' is a more accurate word than 'full' when used as a modifier of terms such as 'denture' and 'mouth'.

(f) Denture aesthetics — the use of the coined word 'dentogenic' is to be deplored. The explanation of its origin based on analogy with the term 'photogenic' is quite false. As 'dentogenic' implies the association of beauty with the teeth, the use of the word aesthetic is appropriate as it means having an appreciation of the beautiful.

(g) Fluoridation and Fluoridize — the word fluoridation is still the best to describe the addition of a salt of fluorine to water. The term fluoridize is acceptable to denote the topical application of fluoride solutions to the teeth.

COMMENT and ACTION

1. Noted.
2. Agreed.
3. Information.
4. Noted.
5. We agree.

We recommend the adoption of the report of the Nomenclature Committee.

APPROVED

OFFICERS: *D. M. Tanner, President, Toronto; G. Chesnay, Montreal, P.Q.; A. Antoni, Toronto.*

REPORT

1. The following resolution which has received a majority vote of the members, is submitted for your approval:

WHEREAS it is the policy of the Society to maintain admission requirements of an exceptionally high standard, and

WHEREAS the number of oral surgeons in Canada is approximately 54, of whom 25 are members of the Society, and

WHEREAS the qualifications of all these men are well known to members of the Society, and

WHEREAS certain of the admission requirements, namely the presentation of case reports, is a deterrent to busy qualified oral surgeons, and

WHEREAS it is desirable to have an organization of all ethical, qualified oral surgeons in Canada, therefore be it

RESOLVED that the By-Laws of the Canadian Society of Oral Surgeons be amended as follows:

By-Laws section A. Para. 4, insert after the last sentence.

“An applicant may or may not be required to submit written case reports, and/or present himself for oral examination, at the discretion of the membership committee.”

ADOPTED

2. Applications from several oral surgeons are being processed for admission to the Society.

3. The Great Lakes Society of Oral Surgeons which met in Toronto on May 31, June 1 and 2, 1959, very graciously extended an invitation for our members to attend the sessions.

4. The executive has been concerned with the provincial hospital acts and the National Hospital Insurance plan. Further study will be made at the business session on June 21st.

5. The annual scientific and business meeting will be held in Halifax, on Sunday June 21, 1959.

COMMENT and ACTION

1. We agree.
- 2, 3, 4, 5. Noted.

We recommend the report of the Oral Surgery Section be adopted.

APPROVED

OFFICERS: *W. Swiston, Chairman, Montreal, P.Q.; J. J. Schachter, Vice-Chairman, Saskatoon, Sask.; E. E. Johns, Secretary-Treasurer, Kingston, Ont.*

REPORT

1. The last annual meeting of the Orthodontic Section of the Canadian Dental Association was held in Montreal, Quebec on October 26th and 27th in conjunction with the annual meeting of the C.D.A. Eighteen members attended.

2. Two applicants for Active membership were accepted at the meeting. The section now consists of 66 Active members and six Associate members. Several applications have been received and will be voted upon at the next meeting. A concerted effort is being made to bring all orthodontists in Canada into the section.

3. In the field of public health some interesting changes have taken place in some of the provinces over the past year.

(a) Probably the most appreciable change has occurred in P.E.I. Dr. B. J. O'Meara, Director, Division of Dental Public Health of P.E.I. has opened up an orthodontic clinic devoted chiefly to preventive orthodontics, although some advanced cases are also treated. This is a very real service, since no specialist services are available in P.E.I.

(b) Alberta has included in its "Policy of Dental Health" a dental treatment plan to include orthodontic treatment for children of needy pensioners' widows.

(c) In Saskatchewan a new cleft-palate clinic has been organized through the joint efforts of the Dental Division and the University Hospital of Saskatoon.

4. At the 1958 meeting of the section, it was recommended that an orthodontist be appointed to cooperate with each provincial representative of the Public Health Committee in coordinating the existing orthodontic services in each province to develop a comprehensive Canadian program for orthodontic services under a regulated health plan. The Section is pleased to report that Dr. R. R. McIntyre of Calgary has accepted this responsibility.

5. Last year the Ontario Society of Orthodontists was formed and has made application to be accepted as a component society of the C.D.A. Orthodontic Section. This is to be considered at the next section meeting.

6. A certificate to be given each year to the Grieve Memorial Lecturer is now completed and ready for use.

7. The section has resolved that it would be desirable to publish a list of section membership in the C.D.A. directory each year. It is realized that what

ORTHODONTICS

is done for one section would have to be done for all four, and with this in mind, it is hereby recommended for the Board's favourable consideration.

8. Several table clinics will be presented by members of the Orthodontic Section at the 1959 C.D.A. meeting in Halifax.

9. The Grieve Memorial Lecture, sponsored by our Section, will be delivered at the 1959 convention of the C.D.A. in Halifax by Dr. Paul Geoffrion of the University of Montreal. Dr. Geoffrion is Dean of the Faculty of Dental Surgery there and Director of the Department of Graduate Orthodontics. Dr. Geoffrion is noted for his down-to-earth approach to orthodontics, and it is felt that his paper will be particularly appreciated in an area where specialist services are considerably lacking.

10. The annual meeting of the Orthodontic Section was held on Sunday, May the 3rd at the Statler-Hilton Hotel in Detroit, in conjunction with the annual convention of the American Association of Orthodontists. It was felt that the attendance at this meeting would be much better in Detroit than in Halifax, due to distances involved.

COMMENT and ACTION

1, 2. Informative.

3. The orthodontists are to be commended for the extension of orthodontic services.

4, 5, 6. Noted.

7. WHEREAS the publication of C.D.A. section members in the Directory would be of great value and convenience to members of the C.D.A., therefore be it

RESOLVED that in future directories the members of C.D.A. sections be published under the section title and that the sections be responsible for supplying the names so listed.

ADOPTED

8. Noted.

9. Approved.

10. We disapprove of the practice of the C.D.A. sections holding their annual meetings in places other than in conjunction with the C.D.A. meeting.

We recommend the adoption of the report of the Orthodontic Section.

APPROVED

OFFICERS: *W. G. McIntosh, President, Toronto, Ont.; W. F. Walford, Montreal, P.Q.; J. E. Speck, Toronto.*

REPORT

1. Acknowledgement

The Canadian Academy of Periodontology wishes to express its appreciation to the Board of Governors of the C.D.A. for having granted, at the last annual meeting of the Board, the Academy's request for Section status. The Academy will endeavour to measure up to the responsibilities created by this new relationship with the Canadian Dental Association.

2. General Activities

The activities of the Canadian Academy of Periodontology for the past year have been mainly organizational in character. Two meetings were held, one in Montreal in October 1958 and the second in Toronto in May 1959.

3. Officers

The election of officers took place at the Annual Meeting held in Toronto. The officers for the coming year are listed in Appendix A.

4. Membership

The total membership at present in the Academy is 23. It is comprised of members from British Columbia, Manitoba, Ontario and Quebec.

5. Constitution and By-Laws

In an attempt to have the constitution and by-laws governing the Section on Periodontology apply more specifically to its particular needs and circumstances, the amendments listed in Appendix B are recommended.

6. Terms of Reference

A request to review the present terms of reference for sections was received. Action has been taken on this request and suggestions for amending the terms of reference for sections have been forwarded to the office of the Secretary.

7. Periodontosis

An inquiry was also received from the Committee on Nomenclature regarding the use of the term "Periodontosis". Comments on the use of this term have been prepared by the Academy of Periodontology and have been forwarded to the Committee on Nomenclature.

8. Scientific Program

The scientific aspect of our program for this year took the form of a debate which was conducted during the annual meeting in Toronto. Drs. W. Walford and D. Stewart of Montreal opposed Drs. D. Moore and D. Anderson of Hamilton, Ontario on two topics: 'Resolved that prophylactic occlusal adjustment is a desirable dental procedure' and 'Resolved that routine osteoplasty is an acceptable dental procedure which increases the efficiency of pocket therapy'. The debaters were in excellent form and their presentations were both informative and entertaining.

9. Roster

As it is frequently helpful to patients and their dentists to have available the names and addresses of all dentists in Canada who are particularly interested in the specialties, the Canadian Academy of Periodontology suggests that a roster of its members be listed separately in the Directory of the Canadian Dental Association.

10. American Academy of Periodontology

A letter has been received from the American Academy of Periodontology inviting the members of the Periodontology Section of the C.D.A. to participate in the forthcoming annual meeting of the American Academy in New York in September 1959. The invitation is greatly appreciated and has been acknowledged. It is hoped that in the not too distant future it will be possible to reciprocate by inviting the American Academy of Periodontology to participate in one of the Canadian Dental Association meetings.

11. Recommendations

It is recommended that:

- 1. the suggested amendments to the Canadian Academy of Periodontology Constitution and By-Laws be approved.
- 2. the Directory of the Canadian Dental Association contain a separate listing of the members of the Canadian Academy of Periodontology.

Appendix A

OFFICERS
of the
CANADIAN ACADEMY OF PERIODONTOLOGY
for 1959 - 1960

President - - - - - Dr. C. H. M. Williams,
170 St. George Street,
Toronto, Ontario.

President-elect	- - - -	Dr. D. S. Moore, Medical Arts Building, Hamilton, Ontario.
Secretary-Treasurer	- - -	Dr. J. E. Speck, 170 St. George Street, Toronto, Ontario.
Immediate Past President	- -	Dr. W. G. McIntosh, 170 St. George Street, Toronto, Ontario.

Appendix B

Amendments to the Constitution and By-Laws of the Canadian Academy of Periodontology.

(The original Constitution and By-Laws appear in the Transactions of the Canadian Dental Association, Annual Meeting, October 1958 pages 40-47).

1. Page 41 Article VII — Officers. In the last line of this paragraph change Chapter IV to Chapter III.
2. Page 41 Article IX — Principles of Ethics. Delete sections 2 and 3.
3. Page 41 Chapter I — Membership. Add Associate Members to the classification list, so that it reads
 - (a) Active Members
 - (b) Associate Members
 - (c) Retired Members
 - (d) Honorary Members
4. Page 42 Section 2 (a) Active Member. Delete this paragraph and insert the following:

“A dentist who is a member in good standing of the Canadian Dental Association or another recognized national dental association, who has been graduated from a dental school for at least *three* years, and who is a certified periodontist, or who has earned recognition in periodontology by graduate or post-graduate training, by teaching and research, or by other suitable courses which satisfy the Committee on Membership, and is devoting at least 75% of his time to practice or teaching of periodontology, may be classified as an Active Member on approval of nomination by the Elective Officers and on election by the General Assembly”.

5. Page 42 Section 2
 - Change subsection (b) to subsection (c)
 - Change subsection (c) to subsection (d) and

PERIODONTOLOGY

Insert subsection (b) Associate Member

“A dentist who is a member in good standing of the Canadian Dental Association or another recognized national dental association who has been graduated from a dental school for at least three years and who is devoting part of his practice, or part of his teaching and research program to periodontics, may be classified as an Associate Member on the recommendation of the Elective Officers and election by the General Assembly.”

6. Page 42 Section 3. Nomination and Election to Membership:
In the first line insert the words “Active and Associate” following
.....Nominations for.....
7. Page 43 1st paragraph. In the second line of the by-laws delete the words “initiation fees” and insert the word “the”.
8. Page 43 Section 3, 1st paragraph. In the third line delete the words “initiation fee” and insert “the dues”.
9. Page 43 Section 5, Privileges of Membership.
Subsection (b) — change to subsection (c)
Subsection (c) — change to subsection (d)
Insert subsection (b) Associate Members:
— shall have all the privileges of an Active Member except the right to vote, to make nominations and to hold office.
10. Page 46 Chapter IV. Fees, Dues and Fiscal Year. Section 1 Subsection (a) Delete the second sentence and insert
For Active Members: the annual dues shall be \$20.00
For Associate Members: the annual dues shall be \$10.00
there shall be no fees or dues for Retired Members
For Retired Members:
For Honorary Members: there shall be no fees or dues for Honorary Members.
11. Page 46 Chapter IV Section 1, Subsection (b) Omit this complete paragraph and insert as subsection (b) :
“Dues must be paid by October 1. Members whose dues are not paid by that time shall be considered delinquent and suspended from membership”.
12. Page 46 Chapter IV Section 1 Insert subsection (c) :
“A reinstatement fee of \$10.00 in addition to paying all indebtedness to the Academy will be necessary to re-establish membership”.

COMMENT and ACTION

- 1, 2. Noted.
- 3, 4. Informative.
5. Appendix B.
 1. We concur.
 - 2, 3. Agreed.
 4. We concur.
 5. Agreed.
 6. We concur.
 - 7, 8, 9, 10. 11, 12. Agreed.
- 6, 7. Noted.
8. Informative.
9. We endorse this proposal.
10. Agreed. We support this worthwhile suggestion.
11.
 1. We concur in these suggested amendments.
 2. Agreed.

We recommend the adoption of the report of the Periodontology Section.

APPROVED

PUBLIC RELATIONS

MEMBERS: *J. G. Chalmers, Chairman, Toronto, Ont.; H. R. Skilling, Toronto; J. H. Mullett, Toronto; C. A. McLean, Toronto; E. R. W. Bilkey, Toronto; E. Rollaston, Toronto; R. R. Butler, Toronto; R. D. Leuty, Toronto.*

REPORT

1. (a) The Public Relations Committee met four times at C.D.A. Headquarters.
 - (b) The committee has continued its policy of the past,
 - (i) To develop and maintain good relations within the profession.
 - (ii) To promote good relations with the public and all health organizations.
 - (c) To endeavour to fulfill these objectives the committee has:
 - (i) Informed dental societies through the Governors Letter and the Journal that they might use space in school year books, etc. when requested, to promote recruitment or other dental health programs.
 - (ii) Encouraged local societies chiefly in larger municipalities to arrange for emergency care.
 - (iii) Approved a request from Johnson & Johnson Limited.
 - (iv) Prepared a brochure in keeping with the recommendation of the Board of Governors.
 - (v) Received and displayed pamphlets received from the New Zealand Dental Association.
 - (vi) Offered cooperation to the Dental Alumni Association of the U. of T. with a view to preparation of a national program to encourage recruitment of suitable students to dentistry.
 - (vii) Taken steps toward preparing and distributing a brochure outlining the administrative functions of the C.D.A.
 - (viii) Repeated the program of letters and information packets to 1959 graduates of dental faculties.
2. (a) Some time ago the idea was brought to the attention of the committee that space in school programs, etc. might be used by the local dental society to promote recruitment or other dental health programs.
 - (b) The matter was referred to the Ethics Committee.
 - (c) A reply was received from the Ethics Committee indicating its approval.
 - (d) The Public Relations Committee then agreed to publicize the idea in the Governors Letter and that following this a more detailed explanatory article might appear in the Journal.

3. (a) The original intention of the committee was to endeavour to establish a model plan for emergency care services in larger municipalities.

(b) It is now felt that publication of the actual experience of one existing plan would produce better results. Dr. Bilkey is to prepare a description of the plan now in use by the Academy of Dentistry, Toronto.

(c) The committee plan to encourage dental societies in larger municipalities to establish a plan of their own using this as a guide if they do not have a similar plan at this time.

4. Dental Floss Pamphlets

(a) 'How to use Dental Floss', a pamphlet published by Johnson and Johnson Limited, was submitted for approval.

(b) It contains a statement that the content pertaining to dental health is approved by the American Dental Association.

(c) The company plans to distribute the pamphlet in Canada.

(d) After consultation with the A.D.A., approval to substitute Canadian for American Dental Association was given.

(e) The pamphlet is being distributed by Johnson and Johnson.

5. Code of Cooperation Brochure

(a) A resolution passed at the Annual Meeting in Montreal reads as follows:

RESOLVED that the Public Relations Committee be requested to develop a suitable brochure which may be employed by dentists as a guide to acceptable conduct when they are requested to provide information for public consumption or to appear publicly to represent the profession.

(b) A sub-committee was appointed to draft a brochure in keeping with the above resolution of the Board of Governors.

(c) The brochure is now completed and ready for publication.

(d) The chairman wishes to commend the sub-committee consisting of Drs. R. D. Leuty, Chairman; E. Rollaston, H. R. Skilling, and Mr. K. L. Croft for the efficient and expeditious manner in which this rather difficult brochure was prepared.

6. New Zealand Dental Association Pamphlets

(a) Samples of pamphlets received from the New Zealand Dental Association were left with the Librarian.

(b) A letter of appreciation together with samples of recent C.D.A. publications were sent to the New Zealand Association.

PUBLIC RELATIONS

7. (a) The Dental Alumni Association of the U. of T. has done a great deal of study on the recruitment problem in dentistry.

(b) The Public Relations Committee is ever mindful of this problem.

(c) The committee extended their cooperation to the Dental Alumni Association with a view to preparing a program on a national level.

8. (a) The committee feel that there is considerable confusion among the membership regarding the many dental organizations.

(b) It was originally felt that a brochure might be prepared outlining the functions of the C.D.A., the provincial organization, and the local organization.

(c) This seems rather impractical due to the varied organizational structures in the different provinces.

(d) The committee therefore are preparing a brochure outlining the functions of the C.D.A.

9. News Clippings

Between 500 and 1,000 clippings on dental subjects are received every month. It is only a few years since 25 to 50 clippings per month were received. The chief subject of these news items is fluoridation. Clippings are routed to the interested individuals at headquarters before being sorted by subject for distribution to committee chairmen.

10. Complying with the resolution passed by the Executive Committee, the Public Relations Committee plan to make a serious study of ways and means to encourage bright young students to consider dentistry as a career.

11. The Public Relations Committee respectfully request that \$1,000.00 be budgeted for their use, if required, for the ensuing year.

COMMENT and ACTION

1. (a) Noted with approval.

(b) Noted.

(c) Commended.

2. (a) Noted with interest.

(b) (c) Informative.

(d) Concur.

3. (a) Noted with approval.

(b) Agreed.

(c) Highly commended.

4. (a) (b) (c) Informative.

(d) (e) Agreed.

5. (a) We concur.
(b) (c) Informative.
(d) The sub-committee should be highly commended on their work.
6. (a) Informative.
(b) Agreed.
7. (a) (b) Noted with interest.
(c) Informative.
8. (a) (b) (c) Informative.
(d) Concur and we congratulate the committee on their project.
9. Noted with interest.
10. Concur.
11. Agreed.

As a conclusion we would like to present the following resolution:

WHEREAS good public relations occur when there is good service which receives public appreciation, and

WHEREAS good public relations is largely dependent upon the sum total of the individual relations which exist between each dentist and his patients and between each dentist and others whom they may influence, and

WHEREAS the most important agent of good public relations is the individual dentist himself, and

WHEREAS public relations counsel are generally not possessed of sufficient or appropriate understanding of professional attitude to discharge the functions for which such counsel would be retained, and

WHEREAS the general employment of a public relations counsel by a dental organization often tends to derogate from the responsibility which rightly should be assumed by members of the profession, therefore be it

RESOLVED that the Public Relations Committee be encouraged to continue and to extend its efforts to enunciate to the members of the Association the importance of each dentist as an agent of good public relations, and further

THAT the Association, except when projects having a certain specificity are contemplated, is not in favour of the retaining of public relations counsel in the hope of developing and maintaining a good public relations program thereby.

ADOPTED

We recommend the adoption of the report of the Public Relations Committee with resolution.

APPROVED

MEMBERS: *Frank Martin, Chairman, Toronto, Ont.; Arthur Poag, Hamilton, Ont.; Mark G. Boyes, Toronto; J. D. Purves, Toronto; Armand Fortier, Montreal, P.Q.; J. E. Tilson, Toronto.*

REPORT

1. Since the last meeting of the Board of Governors in October 1958, we have had a change of editors. Dr. E. R. W. Bilkey took over from Dr. Wesley J. Dunn on December 1st, 1958 and has since then been responsible for the editorial content and all the other responsibilities of the editor. To change from a full time practice to half time requires considerable reconciliation. We are sure there were times when Dr. Bilkey questioned his decision to accept the editorship. Only those who have to divide their time between two or more projects can fully realize the adjustment that was necessary on his part.

When the January issue reached your office no doubt the new cover spoke for itself. Although only a few months have passed you can see that the journal under the guiding hand of our new skipper is maintaining its high standard. The editorials have been of a very high calibre which again reassures us of a very fortunate appointment. We wish to take this opportunity to thank Dr. Bilkey for his contribution to Canadian dentistry.

2. The French section of the Journal under Dr. Gerard de Montigny has also contained excellent editorial material. The cooperation between the editors of the French and English sections has never been better and we wish to thank Dr. de Montigny for his contributions and cooperation.

3. At the Annual Meeting of the American Association of Dental Editors in Dallas, November 1958, Dr. Dunn officiated as president and conducted, we are told, on good authority, a most excellent meeting. We compliment Dr. Dunn on bringing credit to Canadian dentistry and to himself.

4. In the closing month of last year we were faced with a report from our publisher that printing rates would be increased appreciably for 1959. Again Mr. Allen was able to negotiate a very favourable contract, much better than anticipated. Our business manager, Dr. Gullett, prepared a publishing loss comparison for the first quarter of the five years 1955-1959. Our loss for the first quarter of 1959 is the lowest for the five years.

5. Mr. Allen's knowledge of the printing business and its costs is a great asset to this committee. He is a most excellent watch dog on our printing costs. The objective of your committee has been to produce a high quality, desirable Journal at the least possible cost. We thank Mr. Allen for his efforts on our behalf.

6. Our Business Manager, Dr. Gullett, also keeps a close watch on the finances of the Journal. In preparing the budget for 1960 we had only the

first quarter of 1959 on which to base estimates (See appendix B). Your committee has not assumed too bright an outlook. We are ever faced with the threat of increased printing rates, cost of cuts, photo engraving, etc. However, after considering all factors, we budgeted for a deficit of \$4,320.00. Even under most adverse circumstances we do not expect our loss to be over this amount.

7. We have passed a motion to increase our advertising rates approximately 10% effective September 1st, 1959 (existing contracts to be honoured). It is not anticipated that this will bring in an immediate increase but should show up by the end of next year. It is five years since the rates were raised.

8. Last year we anticipated a continued business recession. Since then we have had an appreciable improvement in business and the trend is continuing.

9. The terms of reference of this committee were studied and after consideration it was agreed that no alteration was necessary.

10. The auditors statement for 1958 appears as Appendix A.

REPORT OF THE EDITOR

1. In October of 1958 it was your editor's privilege to attend the Board of Governors' meeting of the Canadian Dental Association in Montreal. This was the first official step in preparation for accepting the post of Editor of our Journal. Exposure to the inner workings of our national organization produced mixed feelings of fear and admiration. Awareness of the scope and magnitude of the Association's undertakings and the sincerity of purpose of the assembled members created the feeling of admiration. One of the major responsibilities of the Journal is to accurately report Association procedures and developments. The fearful realization of the editor's obligations respecting the Association, education, editorializing and the many peripheral areas, seemed to come in endless waves.

2. The board members may be somewhat comforted in learning that the retired editor, Dr. W. J. Dunn, Dr. de Montigny, Dr. Gullett, members of the publications committee and many others in close association with the Journal and its production, have either directly or subtly steadied its course during the past six months. To all such persons I am deeply grateful.

3. The previously malignant problem of obtaining suitable original material from Canadian authors has been potentially and ideally relieved by the understanding co-operation of all the Canadian dental schools. Their assistance was solicited and quickly granted during a meeting of the Council on Dental Education held in February. Through this medium it will be possible to plan Journal issues in advance that are balanced in subject matter and of the best editorial and academic quality. Dr. de Montigny deserves special thanks for his help in this matter.

PUBLICATIONS

4. A supply of original material great or small demands rigid and detailed qualitative evaluation. If questionable material, not in the controversial sense, enters our pages, we risk being labelled in an unflattering manner by countries where fact and fancy must be kept apart. The voluntary assistance of numerous highly qualified men has frequently hastened the arrival of manuscripts in a more appropriate receptacle. The return of manuscripts with a notation such as "This article cannot and must not be salvaged" greatly depletes our stock pile. Each such episode further substantiates the unquestionable need of the services of these qualified individuals to safeguard the editorial material. It is not only impracticable but is unwise to allow editorial prerogative alone to embrace this degree of responsibility. It is my earnest wish that the future will see the establishment of an editorial board of specially qualified personnel on an informal basis, to screen and evaluate material for publication. This is the way in which such a board would be of greatest personal assistance to the Editor but to Canadian dental journalism, their scope and worth would be much more inclusive. At regular meetings all phases such as editorial writing and subject matter, basic functions, general service, type form and balance of material would be considered. The establishment of such an editorial board on a voluntary basis would open the Journal to kind but direct and responsible criticism which would ultimately strengthen its fibre. In no way would such a board deprecate the services of the Committee on Publications that so capably handles administrative and policy items.

5. Any journal is fair game for the mechanical problems of publishing and printing. For a few issues it was open season on our Journal as a result of a coincidental changing of editor and publishers. Currently, a state of co-operative understanding exists between these two parties, with the promise of better things to come.

6. The men who previously edited our Journal on a hobby basis cannot be considered ordinary men. Admiration for them increases with each passing day for indeed their accomplishments verge on the impossible. They not only upheld but improved the standards of our Journal and at the same time retained their sanity.

7. It is proposed to submit each year, to the chairman of convention publicity, a detailed outline of the policy pertaining to space available for advertising the annual convention. If it is Dr. de Montigny's wish, reference could be made at this time to the space allotment within the French section.

8. Head-on collision with some of these problems has inadvertantly effected their resolution. Time, perseverance, and the tolerant assistance of others, it is hoped, will result in improving your editor's ability to serve his profession in a manner that is acceptable to the Association and to himself.

9. The knowledge gleaned from various agencies such as the American Association of Dental Editors' conference in Dallas, and the endless procession of C.D.A. committee meetings, has been stimulating and of great practical

value. Particularly is this true of the Council on Dental Education, the Health Insurance Studies Committee, the Executive and Nomenclature Committees. Since the survival of this latter committee is hopefully inevitable, it is proposed to encourage its recognition and use by co-operating with its recommendations to the fullest degree possible.

10. Our thanks go to Dr. F. A. Janes for his contribution as provincial editor for Newfoundland, Dr. D. K. Peters, his successor, and Dr. J. F. Methven the new provincial editor for Ontario are sincerely welcomed.

E. R. Bilkey

REPORT OF EDITOR, FRENCH SECTION

1. The editor of the French section of the Journal of the Canadian Dental Association is happy to report that his section enjoys fairly good health. The collaboration of members in submitting original manuscripts for publication is more than sufficient and the interest of the readers is growing notably as shown by numerous comments received after each issue, during the last year.

2. The quantity and the quality of publishing material is bound to increase with the new impetus given to research by professors of the University of Montreal. The addition of research workers to the staff of the school already has produced results as far as the Journal is concerned and should improve the reputation of our Journal in scientific circles of the French speaking dentists throughout the world.

3. However, a great number of articles submitted for publication are not written in a form that is convenient for scientific literature. The dental profession in general is not properly instructed on principles that govern the production of scientific reports and articles. The same observation can be made regarding the essays submitted by senior students for the War Memorial Award. In this particular instance, excellent syntheses of references are too often spoiled by lack of technique in presenting these reports and the same defect is obvious in articles written by practising dentists. The Council on Dental Education could find ways and means by which the study of writing for the scientific literature can be fostered and encouraged in our dental schools and set up an outline of a course for this matter.

4. Editorials seem to be a section that stirs the most reaction from the readers. In those pages, the editor tries to explain in simple words the policies of the C.D.A. regarding the many problems facing the profession today and these comments are an adjunct to the Transactions to inform members on resolutions and motions that were adopted at the annual meeting.

During the last year, the editor, due to lack of space in the pages of the Journal, could not publish an editorial each month; but, as these articles seem to fill a need for the information of the members, an editorial should appear in every issue.

PUBLICATIONS

5. A matter that has brought some comments is the publication of the In Memoriam notices at the occasion of the death of French-speaking members. These observations can be summarized in two headings:

Some members would prefer reading these notices in the French section and others find that the biography of these members is rather short if it is compared with the one of members of other provinces.

The first group of these remarks is the concern of the Committee on Publications. Personally, the editor of the French section would favor the insertion of the notices in the French section, as some of our members do not read the English section.

The second aspect of these comments concerns the registrar of the province who is responsible to the Editor of the Journal or to the Secretary of the Association for the biography of the deceased members.

The Editor of the Journal certainly cannot publish more than is sent to him, especially in matters of that nature. The registrars of the provinces should receive some guidance on this subject.

6. The editor wishes to thank the Royal Canadian Dental Corps for the material sent in each month for publication in the Journal. These notes, carefully selected for the information of French-speaking members, constitute excellent publicity for the Corps and fill a need in the Journal.

7. The editor takes this occasion to invite committees and national organizations to submit notes and news of interest to the members.

8. Some misunderstanding seems to exist between the committees charged with the publicity of our national convention and the editorship of the French section. In order to obtain the best results, the copy should be sent directly to the editor with the accompanying photographs and pictures.

There should be some planning some time before the publicity is to be started in order to spread and divide the material for publicity for each preceding two, three or four months, as the French section cannot use for that purpose more than one or two pages in each issue.

The French section is only too glad to help in this matter, but to do a good job it must be furnished with the proper material.

9. In closing, the editor wishes to extend his sincere thanks for their collaboration to Dr. Bilkey, Editor of the Journal, to the chairman of the Committee on Publications, to the Business Manager and to Mr. Gordon V. Allen.

Gerard de Montigny.

AUDITORS' REPORT

We have examined the accounts of the Committee on Publications of the Canadian Dental Association for the year ended December 31, 1958 and report that, in our opinion, the above balance sheet and related statement of revenue and expenditure present fairly the financial position of the Committee as at December 31, 1958 and its financial transactions for the year ended on that date, according to the best of our information and the explanations given us and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON,
Chartered Accountants

COMMITTEE ON PUBLICATIONS**BALANCE SHEET**

December 31, 1958

ASSETS**Current assets:**

Cash	\$ 12,937.07
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Fixed assets:

Office furniture and fixtures	\$ 1,247.02	
Less Accumulated depreciation	981.47	
		265.55
		\$ 13,202.62

LIABILITIES**Surplus:**

Surplus, December 31, 1957	\$ 10,989.99	
Surplus for year 1958	2,212.63	
		13,202.62
		\$ 13,202.62

PUBLICATIONS

COMMITTEE ON PUBLICATIONS
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1958

Revenue

Advertising	\$ 45,576.30
Canadian Dental Association grant	14,500.00
Subscriptions	1,126.63
Donation	15.15
	\$ 61,218.08

Expenditure

Honoraria to editors	\$ 4,260.00
Expense allowances	1,866.15
Editor's office expenses	1,639.86
Publishing the Journal	31,139.28
Commission, publishers	9,866.88
Agency commission	6,108.77
Cuts and postage	3,229.68
Depreciation on office furniture and fixtures	95.90
Office and general expense	789.58
Committee meeting expenses	9.35
	59,005.45
Surplus for year	2,212.63
	\$ 61,218.08

Appendix B

BUDGET FOR 1960

Revenue

Advertising	\$ 47,000.00
C.D.A. Grant	15,000.00
Subscriptions	1,000.00
Sundry	
	\$ 63,000.00

Expenditures

Salaries	\$ 8,700.00
Allowances	1,870.00
Editor's Office Expenses	1,750.00
Committee Expenses	100.00
Publishing	34,500.00
Publisher's Commission	10,200.00
Agency Commission	6,600.00
Cuts and Postage	3,500.00
Sundries	100.00
	67,320.00
Deficit	\$ 4,320.00
	ADOPTED

COMMENT and ACTION

- 1. This fine effort is greatly appreciated.
- 2. Noted with satisfaction.
- 3. We wish to add our congratulations.
- 4. We commend highly.
- 5. We wish to add our thanks to Mr. Allen for his efforts on our behalf.
- 6. Very commendable.
- 7, 8. Information.
- 9. Noted.
- 10. We recommend approval of the budget.

We regret that due to a current indisposition the Chairman, Dr. Frank Martin, was unable to be present to present his report.

Editor

- 1. The work of the Editor to date has amply demonstrated his ability to handle this important undertaking.
- 2. We wish to add our appreciation.
- 3. We note with satisfaction this excellent cooperation and we wish to add our thanks to Dr. de Montigny.
- 4. We commend the suggestion that an editorial board be established to

PUBLICATIONS

which the Editor could refer for information regarding material submitted for publication and for general policy decision.

5. We commend.
6. We concur.
7. Agreed.
8. We note and commend.
9. Noted.
10. We concur.

French Editor

1. Noted with interest.
2. This is most encouraging.
3. We concur and recommend that this matter be brought to the attention of the Council on Dental Education.
4. Consideration should be given to a greater amount of space being made available to the French Section of the Journal.
5. We recommend a review of the method of insertion of "In Memoriam" notices in both sections of the Journal.
- 6, 7. Noted.
8. We suggest that the publicity committees pay particular attention to the instructions as laid down in the revised Convention Manual (1959).
9. We concur.

We note with interest that the French Section of our Journal has one of the largest circulations of French-written dental journals in the world and that its content is of high quality, many of its articles being reproduced or summarized in other professional journals.

We recommend the adoption of the reports of the Committee on Publications.

APPROVED

MEMBERS: *K. J. Paynter, Chairman, Toronto; J. E. Anderson, Toronto; H. K. Brown, Ottawa, Ont.; C. R. Castaldi, Edmonton, Alta.; F. H. Compton, Toronto; A. E. Chegwin, Regina, Sask.; R. M. Grainger, Toronto; M. C. Johnson, M.D., Toronto; J. P. Lussier, Montreal, P.Q.; E. M. Madlener, Toronto; W. G. McIntosh, Toronto; C. Reynolds, Toronto; R. L. de C. H. Saunders, M.D., Halifax, N.S.; G. D. Scott, Toronto; R. Slater, M.D., Toronto.*

REPORT

1. Personnel

Doctors F. H. Compton, R. M. Grainger, J. P. Lussier, C. Reynolds, and D. G. Scott will retire from the Committee this year, having served their term of office. Their valuable contribution to the affairs of the Canadian Dental Association through their service on the Research Committee is hereby gratefully acknowledged.

2. Council on Dental Therapeutics, A.D.A.

At the invitation of Dr. J. Roy Doty, Secretary, Council on Dental Therapeutics, American Dental Association, the C.D.A. Research Committee Chairman was authorized to attend the meeting of the Council which was held in Chicago, Ill., February 20 - 21, 1959. A valuable opportunity was thus created for a discussion of problems and an interchange of ideas on matters of common interest to the Council and the Committee.

3. Survey of Dental Research in Canada

(a) In 1954 the Research Committee conducted a survey of dental research within the dental schools in Canada. The results of that survey were reported to the Board at their meeting in Toronto, May, 1955 (Transactions of the C.D.A. 1955, p. 146, 152-155). Five years having elapsed since the original survey, the committee felt that a follow-up survey should be carried out to gather exact data relative to the expansion of dental research in Canada over that time, and to provide useful information in planning for future expansion. Furthermore, it was felt that the increase in dental research over the last five years should be publicized and accurate figures would be of value in such publicity.

(b) Whereas in the original survey only the schools of dentistry were surveyed, this time, in addition to the schools, questionnaires were sent to Dental Directors within the provincial Departments of Health, the Department of National Health and Welfare in Ottawa, National Defence Headquarters, and in addition some dental directors in city health departments. The purpose of expanding the distribution of the questionnaire was to try to obtain a broader picture of the status of dental research in Canada.

(c) Although all of the questionnaires have not been returned to the

RESEARCH

committee, and hence results have not been tabulated, certain facts are already evident and are reported as information at this time in Appendix A. A complete report will be presented at the next meeting of the Board.

4. National Dental Health Survey

The Research Committee is well aware of the great potential value of obtaining a National Dental Health Index through a national survey as planned by the C.D.A. Dental Public Health Committee, and is also aware of the enormity of the task. The Dental Public Health Committee has been assured of the co-operation and assistance of the Research Committee in any phase of the operation deemed advisable. The Chairman of the Research Committee has been appointed to the advisory committee which will supervise the survey.

5. Radiation Hazards

The Committee statement on "Radiation Hazards Resulting From the use of Dental X-ray Machines" (Transaction of the C.D.A., 1958, pp. 177-178.) has been reproduced in a folder and distributed to all members of the Association, in order to ensure maximum co-operation on the part of members of the profession in taking what steps may be necessary to minimize radiation dangers.

6. Statement on Fluoride Tablets

Because of increasing interest in this subject, and at the request of the Secretary, the committee prepared a statement entitled, "Fluoride Tablets, — A Statement Concerning the use of Tablets or Capsules Containing Fluoride for the Partial Prevention of Dental Decay." The statement was based on a survey of published literature and was designed to provide the profession with answers to patients' inquiries concerning this matter. The statement is attached as Appendix B.

7. Studentships — Allocation Policy

Because of the continually increasing demand for C.D.A. Studentships, a statement of policy for the allocation of funds for studentships was drawn up to be used as a guide by the committee at the time studentship funds are being allocated. The policy statement is attached as Appendix C.

8. Studentships — Regulations Governing the Award of Studentships

The list of regulations governing the award of studentships was revised, and the revised list is attached as Appendix D.

9. Studentship Grants

(a) Applications were received for studentships totalling \$11,779.15, of which \$257.15 was requested for travel, \$6,557.00 for regular studentships, and \$4,965.00 for summer studentships for undergraduates. In addition, requests were received for funds to purchase reprints of published scientific articles.

(b) Grants authorized by the committee totalled \$7,552.15 plus several grants for the purchase of reprints. The details are attached as Appendix E.

10. Finances

(a) The committee could well make use of a much larger budget, e.g. \$10,000. Many worthy applicants for financial assistance had to be refused, but our official request is for the same grant as last year, namely \$7,500.

(b) The financial statement of the Canadian Dental Research Foundation is attached as Appendix F.

Appendix A

DENTAL RESEARCH IN CANADA

Interim Report of the Follow-up Survey, 1959

1. Whereas five years ago only two of the five dental schools had men with dental degrees on their staff who were doing research, now all Canadian schools have active research programs under way. Most of the research workers hold a graduate degree in addition to their dental degree. It should be pointed out that the C.D.A. Studentships have played a highly significant role in assisting these men while they were preparing themselves as teachers and research workers.
2. There has been a significant increase in the number of technical personnel employed on a full-time basis by the schools for assisting in research activities.
3. Adequate research laboratory facilities have now been provided for two of the schools which five years ago either had inadequate facilities or had none at all.
4. Approximately sixty papers of a research nature have been published by Canadian dental research workers over the past five years.
5. It is apparent that an increasing proportion of the annual budget of dental schools is being allocated for research, both by paying salaries of staff engaged in research, and by providing laboratory space within the institutions. This wise policy on the part of the universities will not only contribute valuable knowledge to our understanding of dental disease but will strengthen the entire teaching program of the schools.
6. Dental public health officials, aware of the pool of information about dental conditions available to them through a study of the children in schools, etc., are making increasing use of this valuable material.

FLUORIDE TABLETS

**A Statement Concerning the Use of Tablets or Capsules Containing
Fluoride for the Partial Prevention of Dental Decay.**

by

The Research Committee, Canadian Dental Association

May, 1959

The procedure of ingesting fluoride in tablet or capsule form as a means of reducing the incidence of dental decay has not as yet been adequately tested. Since this method of administering fluoride differs markedly from that of communal water fluoridation, it should not be assumed that fluoride tablets carry the same benefits as water fluoridation.

Certain hazards are associated with the administration of fluoride tablets which do not occur with water fluoridation. The presence of the concentrated fluoride tablets in the home constitutes a potential danger from acute poisoning. Furthermore, there is a greater possibility of chronic overdosage, since the optimum dose per child varies with age and with the amount of fluoride present in the home water supply. If tablets are used, they should be provided only on prescription by a qualified dental or medical practitioner, only after the fluoride content of the home water supply has been ascertained, and only where continuous parental supervision can be assured over a period of many years. Details as to fluoride dosage, etc. may be procured by the dental or medical professions on request from the Secretary, Canadian Dental Association.

The use of tablets or capsules containing concentrated fluoride must not be considered a substitute for communal water fluoridation which has been established as a controllable, safe, effective, and inexpensive public health procedure for controlling dental decay, and which carries the endorsement of the Canadian Dental Association.

ADOPTED

Appendix C

ALLOCATION POLICY FOR CDA STUDENTSHIP FUNDS

1. The money allocated for the purchase of reprints of scientific articles written by Canadian authors shall not exceed the annual income of the Canadian Dental Research Foundation (i.e. approximately \$500.00), and should the latter amount exceed the amount necessary in any year for reprint purchase, then the surplus be turned over to the general account of the Research committee.

2. The money allocated for travel to permit consultation by research workers shall not exceed \$500.00 in any one calendar year.
3. The balance of the annual C.D.A. grant to the committee shall be allocated for "regular" and "undergraduate" studentships, the distribution ratio to be decided by the committee each year at the time the grants are being made.
4. These recommendations shall be reviewed from time to time, and be subject to revision as the committee may see fit.

Appendix D

REGULATIONS GOVERNING THE AWARD OF STUDENTSHIPS

1. The Canadian Dental Association, through its Research Committee, offers financial assistance in the form of "Studentships" to graduate or undergraduate dental students who desire to prepare themselves further for careers in research and teaching by continuing studies in the sciences fundamental to their research fields, or by acquiring preliminary training in a research laboratory. Studentships are not intended to provide opportunities for graduates in dentistry to prepare themselves as specialists in any field of dental practice.
2. Studentships are available on equal terms to men and women who have given evidence of capacity for original research or who have won high distinction in scientific study during their University training, for the specific purposes of:
 - a) an academic year of special study in the fundamental sciences at a recognized University. Such grants will be made on an annual basis, and applications for renewal will be considered.
 - b) summer or part-time employment in the capacity of an assistant in a recognized research laboratory.
 - c) consultation with recognized authorities in the field in which the applicant is working or to permit attendance at special meetings of research workers in the field in which the applicant is working.
3. Applications for Studentships must be submitted to the Research Committee of the Canadian Dental Association through the C.D.A. Secretary, not later than May 1st. Only under exceptional circumstances will consideration be given applications received after that date.
4. Each application must be accompanied by a transcript of the candidate's University record, a statement from his sponsor (such as the Dean of a dental school or the head of a scientific department within a university) supporting the application, and a statement from the head of the institution at which the candidate intends to train, indicating that the applicant will be accepted. In addition, information relative to the financial status and needs of the applicant must be submitted in detail.

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- 5. That portion of the Studentship granted for living expenses will be paid in equal monthly instalments during the term of the Studentship.
- 6. Interim reports of the student's progress will be requested from the Dean of the school or head of the department in which the student is studying. In addition a final detailed report prepared by the student and supported by the Dean of the school or head of the department must be submitted to the Association to complete the tenure of the Studentship.
- 7. The Canadian Dental Association reserves the right to discontinue a Studentship if progress reports are unsatisfactory, provided reasonable warning is given the student.

Address all communication, requests for forms, etc., to the Secretary, Canadian Dental Association, 234 St. George St., Toronto, Ontario.

Appendix E

ALLOCATION OF FUNDS FOR STUDENTSHIP
OCTOBER 1958 TO MAY 1959

a) REPRINTS

Title of Article	Author(s)	Reference	No.
A study of the structure, chemical nature, and development of cementum in the rat.	K. J. Paynter G. Pudy	Anat. Rec. 131(2):233, 1958	150
Differences in the morphology and size of the teeth of a caries-susceptible and a caries-resistant strain of rats.	R. M. Grainger K. J. Paynter Jas. H. Shaw	Jour. Dent. Res. 38(1):105, 1959	200
A description of the molar teeth and investing tissues of normal guinea pigs.	A. M. Hunt	Jour. Dent. Res. 38(2):216, 1959	
The effects of ascorbic acid deficiency on the teeth and periodontal tissues of guinea pigs.	A. M. Hunt K. J. Paynter	Jour. Dent. Res. 38(2):232, 1959	200

b) TRAVEL

Grantee	Purpose of Grant	Amount
W. H. Feasby, Hamilton, Ont.	To enable consultation with Dr. W. H. Krogman, Philadelphia Penn. regarding growth problems of children. Dr. Feasby is active in the Burlington Interceptive Orthodontic Study.	\$ 71.15

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K. J. Paynter, Toronto, Ont.	To represent the Research Committee as an observer at the meeting of the A.D.A. Council on Dental Therapeutics. (see Committee report, item 2.) February 1959.	86.00
R. Burgess, Toronto, Ont.	To permit attendance at the Gordon Research Conference on Bones and Teeth, Meriden, New Hampshire, July 13 - 18, 1959.	100.00
Total amount Granted for Travel		\$ 257.15

c) STUDENTSHIPS TO GRADUATES IN DENTISTRY

Grantee	Purpose of Grant	Amount
A. Demircioglu, Montreal, P.Q.	For fees and living expenses while taking a course leading to the M.Sc.D. degree, majoring in Anatomy, at the University of Toronto, under the sponsorship of Dr. K. J. Paynter.	\$2,400.00
R. B. Ross, Toronto, Ont.	For living expenses while taking a course leading to the M.Sc.D. degree, majoring in Embryology and Statistics, at the University of Toronto, under the sponsorship of Dr. E. P. Harvold.	1,500.00
Total amount Granted to Graduates in Dentistry		\$3,900.00

d) STUDENTSHIPS TO UNDERGRADUATES IN DENTISTRY

Grantee	Purpose of Grant	Amount
J. G. Boily, Montreal, P.Q.	Salary while employed for three months in the laboratory of Dr. Z. Mezl, Dept. of Oral Pathology, University of Montreal.	\$ 915.00
D. R. Gratton, Toronto, Ont.	Salary while employed for two months in the laboratory of Dr. Jas. E. Anderson, Dept. of Anatomy, Faculty of Medicine, University of Toronto.	570.00
R. Jow, Toronto, Ont.	Salary while employed for four months in the laboratory of Dr. A. M. Hunt, Division of Dental Research, Faculty of Dentistry, University of Toronto.	1,140.00

RESEARCH

G. H. G. Weinlander, Montreal, P.Q.	Salary while employed for two months in the laboratory of Dr. E. P. LeBlond, Department of Anatomy, Faculty of Medicine, McGill University.	570.00
Total Amount Granted to Undergraduates		<u>\$3,195.00</u>
TOTAL		<u>\$7,352.15</u>

Appendix F

THE CANADIAN DENTAL RESEARCH FOUNDATION
BALANCE SHEET
December 31, 1958

ASSETS

Current account:

Accrued interest on bonds	\$ 185.66
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Capital account:

Cash in trust company	\$ 155.65	
Government and government guaranteed bonds, at cost (par value \$17,100.00)	17,064.50	
	<u>17,220.15</u>	
		<u>\$ 17,405.81</u>

LIABILITIES

Current account:

Surplus	\$ 185.66
---------------	-----------

Capital account:

Surplus, December 31, 1957	\$ 17,158.97	
Premium on conversion of Government of Canada bonds	61.18	
	<u>17,220.15</u>	
		<u>\$ 17,405.81</u>

STATEMENT OF RECEIPTS AND DISBURSEMENTS
CURRENT ACCOUNT

Year ended December 31, 1958

RECEIPTS

Interest on investments held by trust company	\$ 525.82
Bank interest	49.48
	<u>\$ 575.30</u>

DISBURSEMENTS

Trust company's fees to December 31, 1958	\$ 42.10
Transfers to C.D.A. Dental Research Fund (including \$124.56 remitted by National Trust Company, Limited on December 31, 1958)	533.20
	<u>\$ 575.30</u>

COMMENT and ACTION

- 1, 2. Noted.
- 3. Informative.
- 4. Cooperation of these committees noted with approval.
- 5. Noted with approval.
- 6. Noted and further we recommend that the Board of Governors reapprove the "Statement on Fluoridation" adopted in 1958. (C.D.A. Transactions page 175)
- 7, 8. Noted.
- 9. Approved.
- 10. Noted.

We recommend the adoption of the report of the Research Committee.

APPROVED

MEMBERS: *M. A. Rogers, Chairman, Montreal, P.Q.; P. J. Gitnick, Montreal; H. T. Oliver, Montreal.*

REPORT

1. At the request of the Secretary, this committee met in March, 1959 to consider its terms of reference.

The committee submitted, for consideration by the By-laws Committee, the request that, as each specialty is recognized by the association, a member of that specialty be added to this committee. This, at this time, would involve the addition of one member — an oral surgeon — to this committee and would, in the future, insure that all recognized specialties have a voice in the deliberations of this committee.

2. The Secretary requested further that this committee undertake to review all that has been said and done on the subject of specialists and specialization within the Association with the objective of drafting a policy statement for presentation at this time.

3. The committee met in April to act upon this request and reviewed at length the accomplishments of the committee since it was formed.

4. Review

(a) This committee was established in 1946, but no report was made until 1948. At that time the committee, composed of seven men with Dr. A. W. Mitchell as chairman, presented a model plan for the regulation of the specialties.

This Model Plan —

- (i) Defined a specialist.
- (ii) Recognized the specialties of —
 - Endodontia
 - Oral Surgery
 - Orthodontics
 - Paedodontics
 - Periodontia
 - Prosthodontia
- (iii) Established the educational requirements at no less than thirty-two continuous weeks of instruction or the equivalent of such a course.
- (iv) Required three years of private practice in dentistry before presentation of an application for specialization.

SPECIALISTS AND SPECIALIZATION

- (v) Limited the practice of a specialist to his special field.
- (vi) Required that a certificate be issued by a licensing board, that this certificate be reviewed annually and gave the board authority to revoke it at any time.

(b) The 1953 report endorsed the original plan.

(c) The 1954 report defined the specialties recognized at that time. These definitions were, however, referred back to the committee for further study.

(d) In 1955 a request for recognition of public health as a specialty was received, but no action was taken.

(e) In 1956 the regulations concerning specialties in the three provinces recognizing them at that time were reported. Concern was expressed over the number of specialties recognized (seven in one province) and a recommendation was made that these should be kept to a reasonable limit.

(f) This latter caused a resolution to be passed in 1957 that the Association recognize, at that time, only the specialties of oral surgery and orthodontics.

(g) In 1958 it was agreed that groups applying for recognition by the Association as Specialists should:

- (i) Show proof of a need for such a specialty.
- (ii) Show evidence of organization within the groups themselves.

Periodontology, having, in the opinion of the committee, fulfilled these requirements, was recognized at that time.

5. Policy Statement

This committee feels that the policy of this Association respecting specialists and specialization can be briefly stated as follows:

(a) **Definition of a Specialist** (as laid down in 1948)

A Specialist in dentistry is a graduate dentist who, through approved advanced study and practice, attains expert knowledge and skill in a special field, and who limits his practice to that special field.

(b) This Association recognizes, at this time, three specialties:

- (i) Oral Surgery — That branch of dental practice that deals with the diagnosis, treatment, prescribing for or operating upon any disease, injury, malformation or deficiency of the human jaws or associated structures.
- (ii) Orthodontics — The study of growth and development of the masticatory apparatus, and the prevention and treatment of abnormalities of this development.

SPECIALISTS AND SPECIALIZATION

- (iii) Periodontics — That branch of dentistry devoted to the study, prevention and treatment of diseases which affect the supporting tissues of the teeth.

(c) Other groups applying for recognition by the Association as specialists must:

- (i) Show proof of a need for such a specialty.
- (ii) Show evidence of organization within the groups themselves.

In some instances, the need for recognition of other specialties may be so localized as to be a matter for the consideration only of the provincial licensing bodies concerned.

(d) Such other specialties as may, in the future be recognized, will be carefully defined at the time of recognition.

(e) Educational Requirements

- (i) Previous Practice — with a view to the highest possible standard of specialist service to the Canadian public, the aptitude, interest and motivation of candidates entering the study of specialties should be carefully evaluated. To this end, the committee recommends that three years of practice (or its equivalent in part time practice or hospital service) be required before a specialist's certificate is granted.
- (ii) Special Study — successful completion (full-time or its part-time equivalent) of a recognized course in the specialty.

(f) Certificate — A certificate of qualification in each specialty could be issued by a special board established within each provincial licensing body. This board would consider the candidate's qualifications, and determine his right of admission to the specialty.

COMMENT and ACTION

- 1, 2. Information.
3. Noted.
4. Informative.
5. (a) Referred back to Committee on Specialists and Specialization for further study. Balance of paragraph: agreed.

We recommend the adoption of the report of the Committee on Specialists and Specialization.

APPROVED

MEMBERS: *Louis Lepine, Chairman, Montreal; A. M. Hord, Toronto; M. Lang, Montreal; L. A. Gill, Montreal; G. Baril, Montreal.*

REPORT

1. This year's competition, entitled "The Influence of Anatomical Structures on the Development of Periodontal Disease" offered interesting presentations that were once again very ably treated.

2. There were only six entries: Alberta and Dalhousie faculties did not compete.

3. According to this committee's method of counting the words, which is uniform for all entries, one presentation exceeded the limits by seven hundred words. The committee did not have to refuse it, because it was not a winning one.

4. The judges were Drs. Mervyn A. Rogers, P. T. Gitnick and G. de Montigny. They generously accepted this delicate task for which this committee wishes to express its appreciation.

5. The winners unanimously selected by the judges are:

1st Prize	A. Demircioglu — University of Montreal
2nd Prize	M. A. Listgarten — University of Toronto

The C.D.A. Executive as usual has notified the winners of this 1958-1959 competition.

6. The title of the 1959-1960 competition reads as follows:
"The Role of Dentistry in Public Health"

This title was selected with a view to giving the fourth year students an opportunity to do some research on a subject that is not clinical nor technical but of great importance to the every-day practitioner in his role as educator to his patients.

7. This year the deans were notified of the title and regulations at the beginning of March. This is one month earlier than in previous years and gives the participants a full year for preparation of their essays.

8. The reservoir of four titles is listed below. To comply with the desire of the Board of Governors during last year's annual meeting, this committee is submitting the reason for selecting each subject. The title "(d)" was added to replace the selection for 1960-1961.

(a) "Factors influencing the Behavior of Silver Amalgam" Reason: Silver amalgam is still the most widely used and abused material for dental restorations.

WAR MEMORIAL AWARD

(b) "The Early Diagnosis of Oral Precancerous Lesions" Reason: Fear of oral cancer is beginning to evoke a greater public interest. It is therefore the duty of the dentist to be able to cope with the problem and be in secure position to advise his patients.

(c) "Fractured Anterior teeth in Children — Diagnosis, Treatment and Prognosis" Reason: this problem of fractured anterior teeth, being one of the frequent emergencies of general practice that concerns masticatory function, phonetics and aesthetics, is certainly an important topic of research for the student.

(d) "Treatment of the diseases of the Pulp and Periapical tissues in the Adult" Reason: The general practitioner is constantly faced with the problem of differential diagnosis of dental troubles, with pulpal and/or periapical involvement.

9. This committee has no modification to bring to the by-laws and terms of reference or to the rules and regulations of the competition or to the usual budget.

10. This committee wishes to submit to the Board of Governors for early consideration the following recommendation concerning an increase in the amount of the prizes of the War Memorial Award Committee.

CONSIDERING that the interest derived from the trust funds, according to information received from the Secretary of the C.D.A., is now in the three hundred dollar range, and

CONSIDERING that the value of money is considerably altered since the competition was established some years ago, and

CONSIDERING that an increase in the amount of the prizes would make them more appropriate to a national organization of the importance of the C.D.A. without impinging on its budget, and

CONSIDERING that such an increase in the amount of the prizes would make them more worthwhile and therefore more attractive to the students, therefore this committee

RECOMMENDS that the present prizes for the War Memorial Award Competition be increased to two hundred dollars for the first prize and one hundred dollars for the second prize and that this increase be effective beginning with the 1960-1961 competition.

COMMENT and ACTION

- 1, 2, 3, 4, 5. Information.
6. Agreed.
- 7, 8. Approved.
9. Agreed.
10. We approve.

We recommend the adoption of the report of the War Memorial Award Committee.

APPROVED.

**RESOLUTIONS RECEIVED
FOR PRESENTATION TO ANNUAL MEETING**

Number 1

Montreal Dental Club

WHEREAS the dentist-population ratio is worsening at a rate which establishes a very real threat to the health of the nation, and

WHEREAS recruitment to the profession is made difficult by the fact of its members being so exposed economically in contrast to those in other occupations, where security and allied benefits make strong appeal, and

WHEREAS dental education is necessarily more expensive than other types of training, and

WHEREAS it is reasonable to assume that dental students today are being financed by moneys already taxed, and

WHEREAS a dental degree is as necessary to practice as is dental equipment, be it therefore

RESOLVED that the C.D.A. make strong representation to appropriate authorities that the dental graduate be allowed to depreciate the cost of his dental education, for income tax purposes, against his first ten years in practice.

Action

We agree with the principles expressed in resolution number one but are of the opinion that the cost of university dental education is considered by the government to be in the classification of capital gains and therefore not deductible as an income tax expense.

APPROVED

Number 2

Montreal Dental Club

WHEREAS post graduate courses are essential to the dentist attempting to keep abreast of the advances in the science and practice of dentistry, and

WHEREAS the public benefits directly from the attendance of dentists at such courses, and

SUBMITTED RESOLUTIONS

WHEREAS the cost of such courses is considerable, and

WHEREAS, in effect, attendance at these courses represents a financial outlay, in anticipation of increased revenue, be it therefore

RESOLVED that the C.D.A. represent to the proper authorities that costs of attending post graduate courses at recognized universities be allowed as a deductible income tax item.

Action

Inasmuch as we agree with the supporting reasons for this resolution, and although a number of representations have already been made by C.D.A. representatives to the proper government authorities in this connection, we recommend that continued effort be made at the appropriate time, by the C.D.A., to have the costs of attending post graduate courses at recognized universities allowed as a deductible income tax item.

APPROVED

Number 3

Manitoba Dental Association

WHEREAS the Canadian Dental Association operates on a fixed budget and has no other income than the fixed assessment on Corporate Members, and

WHEREAS we are now going through inflationary times with worse ahead of us, the C.D.A. is in difficulty financing on its present budget, and

WHEREAS it is quite evident that there is a definite need for the establishment of a department of statistics by the C.D.A. in order to give accurate information to our various governments and the public, and

WHEREAS there is a very definite need for a full-time legal department to study all legislation to protect the future of the profession of dentistry, therefore be it

RESOLVED that the membership of the Manitoba Dental Association in the annual meeting do approve, in principle, of these needs, and is willing to assume its share of the necessary increased costs for the relief of said needs.

Action

It is encouraging to know that the Manitoba Dental Association has recognized the urgent needs of the C.D.A. and that an increase in the grant has been voluntarily authorized.

APPROVED

Number 4

The College of Dental Surgeons of Saskatchewan

THAT the grant to the Canadian Dental Association for the year 1959 be \$25.00 per member. The College of Dental Surgeons of Saskatchewan recognizes the need for increased trained administration personnel in the legal and public relations fields, and extension of work of the standing committees; the College is prepared to offer whatever further financial assistance that is required to institute this program.

Action

It is encouraging to know that the College of Dental Surgeons of Saskatchewan has recognized the urgent needs of the C.D.A. and that an increase in the grant has been voluntarily authorized.

APPROVED

Number 5

The College of Dental Surgeons of Saskatchewan

THAT the following resolutions be accepted and forwarded to the Canadian Dental Association:

WHEREAS the dental profession is faced with the distinct possibility of having to provide dental services on a group basis, and

WHEREAS experience of provincially administered plans of a similar nature has resulted in increasing complexities in administration and control, therefore be it

RESOLVED that all dental group plans should have national direction in order to avoid a multiplicity of varying provincial programs, and be it further

RESOLVED that the Canadian Dental Association as soon as possible establish

(a) a legal department

(b) a department of public relations combining actuarial and dental economic functions.

Action

We agree to the resolution with the following amendments:

third paragraph, first line, delete "direction" and add after "have" the word "available", and replace "direction" with "guidance"; last paragraph, delete the words "public relations combining".

APPROVED

SUBMITTED RESOLUTIONS

Number 6

Alberta Dental Association

THAT the Canadian Dental Association clarify with the Department of Veterans Affairs the problem of dentists employed by the Department of Veterans Affairs keeping themselves in good standing in the provincial legal body of the province in which they are employed, mainly for the legal protection of the individual dentists concerned.

Action

The Director of Dental Services, Department of Veterans Affairs, has stated that he encourages the dentists in his department to maintain their registration in a province of Canada. This is observed.

It is recommended to this Board that, in the light of available information, it would not be appropriate at this time to carry this matter further, as suggested by the Alberta Dental Association.

APPROVED

Number 7

Alberta Dental Association

RESOLVED that the Alberta Dental Association go on record as deciding to support the needs of the Canadian Dental Association in the establishment of a competent legal and statistical staff.

Action

It is encouraging to know that the Alberta Dental Association has recognized the urgent needs of the C.D.A., and that an increase in the grant has been voluntarily authorized.

APPROVED

Number 8

Alberta Dental Association

RESOLVED that the Canadian Dental Association be advised by the Alberta Dental Association that it is prepared to increase the annual per capita grant to the Canadian Dental Association in recognition of the needs of our national body, this increase in the grant being dependent on our association being able to obtain the legal right from the Alberta Legislature to increase the annual dues payable by each member of our association.

Action

It is encouraging to know that the Alberta Dental Association has recog-

nized the urgent needs of the C.D.A., and that an increase in the grant has been voluntarily offered.

APPROVED

Number 9

Alberta Dental Association

THAT the Alberta Dental Association request the Canadian Dental Association to conduct a study and make available information regarding the difference between the need and demand for dental services for the public.

Action

Whereas the implementation of this resolution requires long-term study, with the assistance of statisticians, we would therefore suggest that this be undertaken as soon as feasible.

APPROVED

Number 10

Alberta Dental Association

RESOLVED that the Secretary be instructed to discuss with the executive of the Edmonton and District Dental Society the matter of appointing a convention chairman and necessary committee to arrange for a location, date, and other requirements for the combined Canadian Dental Association - Alberta Dental Association Convention to be held in Alberta, preferably in July 1964; this Board suggests that the Edmonton society consider accommodation and other necessary needs in Edmonton or Jasper required for this convention and for the meeting of the Board of Governors of the Canadian Dental Association.

Action

We recommend that this resolution be implemented.

APPROVED

Number 11

Alberta Dental Association

THAT the Board of the Alberta Dental Association request the Canadian Dental Association to investigate, through the two major companies supplying dental equipment, the proposed increase by these companies of 10% on the retail cost of such equipment which, from information at present available, is attributed by these companies to a 2% increase by the Federal Government in the sales tax on the wholesale price of such equipment.

SUBMITTED RESOLUTIONS

Action

In the light of information received as of this date, we feel that the Alberta Dental Association should do a thorough investigation of the alleged increase of prices on dental supplies and equipment; a copy of the above-mentioned information to be enclosed.

APPROVED

Following discussion of resolutions submitted, the Board of Governors passed the following motion:

THAT the Executive seek legal opinion upon the authority of a governor to withdraw or amend a resolution submitted to the Annual Meeting of the Board of Governors by the Corporate Member which the said governor represents, and further

THAT the matter of "submitted resolutions" be considered.

ADOPTED

MEMBERS OF NOMINATING COMMITTEE: *A. J. Coughlan, Chairman, Saint John, N.B.; R. O. Winn, Kitchener, Ont.; W. J. Riley, Winnipeg, Man.; Ex-officio: President-elect W. J. Langmaid, Oshawa, Ont.*

REPORT

Mr. Chairman and Members of the Board of Governors let me first thank the members of my committee for their cooperation and assistance in compiling this report. I would also wish to express my appreciation to the chairmen of the standing committees for their promptness in replying to letters written them and offering suggestions and direction when such was sought.

May I compliment these chairmen and members of their committees for the very excellent work they have done for our Association. I have often thought insufficient recognition has been given these men who labor unselfishly and whose efforts and sacrifices make the Board of Governors meetings possible. The progress and development of our Association rests in their hands and we should take great pride in saluting them today.

We deeply regret that due to illness Dr. Langmaid was forced to resign his office as President-elect and member of the Executive.

In both these offices he had already made a great contribution to our Association and we looked forward with much anticipation to the leadership he would effect as our President.

It is the sincere hope of the members of this committee that his recovery may be speedy and complete.

We are indebted to Dr. W. G. McIntosh, who on comparatively short notice allowed us to place his name in nomination to fill the vacancy created by Dr. Langmaid.

Your Nominating Committee meeting here in Halifax has completed its report and wishes to submit the following names for the officers and standing committees of our Association for the coming year 1960.

<i>President</i>	— W. G. McIntosh, Toronto, Ont.
<i>President-elect</i>	— J. P. Whyte, Swift Current, Sask.
<i>Immediate Past President</i>	— Geo. M. Dewis, Halifax, N.S.
<i>Executive</i>	— W. G. McIntosh, Toronto, Ont. President and Chairman
	— J. P. Whyte, Swift Current, Sask. President-elect

ELECTIONS

- Geo. M. Dewis, Halifax, N.S.
Past President
- Remy Langlois, Quebec City, P.Q.
- James Zimmerman, Calgary, Alta.
- William Miller, Vancouver, B.C.
- M. V. J. Keenan, Sudbury, Ont.

Legislation

- A. W. Grace, Ottawa, Ont. 1960
Chairman
- A. H. Crowson, Ottawa 1961
- John F. French, Ottawa 1962

Finance

- S. J. Phillips, Oshawa, Ont.
Chairman

Publications

- Frank Martin, Toronto, Ont.
Chairman
- Arthur Poag, Hamilton, Ont.
- Mark G. Boyes, Toronto
- J. D. Purves, Toronto
- Armand Fortier, Montreal, P.Q.
- J. E. Tilson, Toronto

Council on Dental Education

- J. D. McLean, Halifax, N.S. 1961
Chairman
- Jean Paul Lussier, Montreal, P.Q. 1961
- R. G. Ellis, Toronto, Ont. 1960
- Harvey Reid, Toronto, Ont. 1960
- Terry Cooke, Winnipeg, Man. 1962
- J. B. O'Brien, Saint John, N.B. 1962

Dental Public Health

- H. K. Brown, Ottawa, Ont.
Chairman
- C. W. B. McPhail, Haney, B.C.
- E. A. White, Toronto, Ont.
- C. A. E. McCabe, Montreal, P.Q.
- Arthur Schwartz, Winnipeg, Man.

1960 Convention

- J. P. Coupland, Ottawa, Ont.
Chairman

Ethics

- J. P. McGuigan, Halifax, N.S.
Chairman
- Carl Dexter, Halifax, N.S.
- H. N. B. Beach, Ottawa, Ont.
- R. J. McCarten, Winnipeg, Man.
- H. J. Hann, St. John's, Nfld.

Research

- K. J. Paynter, Toronto 1960
Chairman
- H. K. Brown, Ottawa, Ont. 1960
- R. L. deC. H. Saunders, M.D., 1960
Halifax, N.S.
- C. Castaldi, Edmonton, Alta. 1960
- E. M. Madlener, Toronto 1960
- W. G. McIntosh, Toronto 1960
- Jas. E. Anderson, M.D., Toronto 1961
- A. E. Chegwin, Regina, Sask. 1961
- M. C. Johnston, Toronto 1961
- Robt. Slater, M.D., Toronto 1961
- Lyman E. Francis, Montreal, P.Q. 1962
- A. F. Howatson, Toronto 1962
- A. M. Hunt, Toronto 1962
- G. Connell, Toronto 1962
- J. D. Purves, Toronto 1962

By-laws

- Harold M. Cline, Vancouver, B.C.
Chairman
- G. V. Fisk, Toronto, Ont.
- K. M. Johnson, Winnipeg, Man.
- A. G. Racey, Montreal, P.Q.

Necrology

- W. G. McIntosh, Toronto, Ont.
Chairman
- And all Provincial Registrars.

Health Insurance Studies

- P. G. Anderson, Toronto, Ont.
Chairman
- T. R. Marshall, Toronto, Ont.
- E. S. Dorion, Montreal, P.Q.
- L. V. Janes, Hamilton, Ont.

ELECTIONS

- W. R. Scott, Vancouver, B.C.
- Wm. H. Macneil, Halifax, N.S.
- L. Bernier, Quebec City, P.Q.
- Ex-officio — Harvey W. Reid, Toronto, Ont.
- And Chairmen of all Provincial Health Insurance Studies Committees.

Hospital Dental Services

- Albert A. Antoni, Toronto, Ont.
Chairman
- F. A. Smith, Vancouver, B.C.
- G. A. Buchanan, Winnipeg, Man.
- G. de Montigny, Montreal, P.Q.
- J. A. Sherman, Toronto
- J. Methven, Toronto
- N. Hori, Toronto
- D. M. Tanner, Toronto

Headquarters Property

- R. P. Lowery, Toronto
Chairman
- H. W. Reid, Toronto
- G. V. Fisk, Toronto

Nomenclature

- H. A. Hunter, Thornhill, Ont.
Chairman
- E. R. Bilkey, Toronto
- G. H. W. Lucas, Toronto
- F. E. L. Priestley, Toronto
- G. de Montigny, Montreal, P.Q.
- J. W. Cole, Toronto

Public Relations

- J. G. Chalmers, Toronto
Chairman
- H. R. Skilling, Toronto
- C. A. McLean, Toronto
- E. Rollaston, Toronto
- R. R. Butler, Toronto
- R. D. Leuty, Toronto
- J. C. Fullerton, Toronto
- D. R. Anderson, Toronto

<i>Specialists and Specialization</i>	— M. A. Rogers, Montreal, P.Q. Chairman	
	— P. J. Gitnick, Montreal	
	— Howard T. Oliver, Montreal	
	— Gerard de Montigny, Montreal	
<i>Auxiliary Services</i>	— R. A. Rooney, Edmonton, Alta. Chairman	
	— H. R. MacLean, Edmonton	
	— A. M. Revell, Edmonton	
	And Chairmen of Provincial Legislation Committees.	
<i>War Memorial Award</i>	— Louis Lepine, Montreal, P.Q. Chairman	
	— A. M. Hord, Toronto, Ont.	
	— Morton Lang, Montreal	
	— Lesley A. Gill, Montreal	
	— Gilles Baril, Montreal	
<i>Nominating Committee</i>	— Roy O. Winn, Kitchener, Ont. Chairman	1960
	— Warren J. Riley, Winnipeg, Man.	1961
	Ex-officio the President-elect.	
	One member to be elected for three years; to be nominated from the floor.	

APPROVED

The Board then elected A. G. Racey of Montreal to the Nominating Committee for a three year term ending 1962.

During discussion of the report of the Nominating Committee, the following motion was adopted:

THAT it be drawn to the attention of the Nominating Committee, in selecting members for committees, that they give due consideration to geographical distribution, making allowance for the particular requirements of certain committees.

ADOPTED

MEMBERS: *William Miller, Chairman, Vancouver, B.C.; P. S. Christie, Halifax, N.S.*

REPORT

1. To the Manager and Staff of the Nova Scotian Hotel, Halifax:
"The Board of Governors of the C.D.A. in session at the Nova Scotian Hotel wishes to express its sincere thanks and appreciation for your courtesy and excellent service during the annual meeting."
2. To the President of the C.D.A., Dr. G. M. Dewis and Mrs. Dewis:
"The Board of Governors of the C.D.A. wishes to convey its sincere thanks to Dr. and Mrs. G. M. Dewis for the delightful reception held at their home and enjoyed by the delegates and their wives."
3. To His Worship, C. A. Vaughan, Mayor of Halifax:
"The Board of Governors of the C.D.A. wishes to convey its sincere thanks to His Worship, Mayor C. A. Vaughan, of the City of Halifax for his courtesies during the National Convention of the Canadian Dental Association."
4. To The Honourable R. L. Stanfield, Premier of Nova Scotia:
"The Board of Governors of the C.D.A. wishes to convey its sincere thanks to The Honourable R. L. Stanfield, Premier of Nova Scotia for his courtesies during the National Convention of the Canadian Dental Association."
5. To The Honourable R. A. Donahoe, Minister of Health for the Province of Nova Scotia:
"The Board of Governors of the C.D.A. wishes to convey its sincere thanks and appreciation for the generous use of his time and talents which added so greatly to the success of the Luncheon."
6. To Rear Admiral H. F. Pullen, O.B.E., C.D., Flag Officer, Atlantic Coast, Halifax:
"The Board of Governors of the C.D.A. wishes to convey to Rear Admiral Pullen its sincere thanks and appreciation for providing the opportunity to tour the aircraft carrier H.M.C.S. Bonaventure."
7. To Captain W. M. Landymore, O.B.E., C.D., Commanding Officer, H.M.C.S. Bonaventure:
"The Board of Governors of the C.D.A. wishes to convey its sincere thanks and appreciation for courtesies extended aboard H.M.C.S. Bonaventure."
8. To Mr. Leo P. Charlton, Halifax Tourist and Convention Bureau:
"The Board of Governors of the C.D.A. wishes to express to Mr. Leo P. Charlton, Jr., its appreciation of his invaluable assistance to the officers of the C.D.A. 1959 Convention."
9. To Mrs. R. H. Bingham, Chairman of the Ladies' Committee:

- “The Board of Governors of the C.D.A. wishes to convey its very sincere thanks and appreciation for her untiring efforts on behalf of the ladies attending the 1959 meeting.”
10. Dr. R. H. Bingham, Secretary of the 1959 Convention Committee:
“The Board of Governors of the C.D.A. wishes to express its thanks and appreciation for faithfully carrying through an arduous task.”
 11. Dr. J. D. McLean, General Chairman of the C.D.A. 1959 Convention Committee:
“The Board of Governors of the C.D.A. wishes to convey to Dr. J. D. McLean and all the members of the Convention Committee a sincere vote of thanks for the splendid program and excellent arrangements which characterized the 1959 Convention.”
 12. To The Reverend H. M. De Wolfe, 12 Oxford Street, Halifax:
“The Board of Governors of the C.D.A. wishes to convey to Rev. H. M. De Wolfe its sincere thanks for his Invocation of Divine Guidance for the deliberations of the Board of Governors.”
 13. To Departments of National Defence, Health and Welfare, and Veterans Affairs and Provincial Departments of Health:
“The Board of Governors of the C.D.A. wishes to express its appreciation for your continued cooperation with the C.D.A. during the past year.”
 14. Headquarters staff, C.D.A.: Miss Collins, Miss McLennan, Miss Weir and Mr. Croft:
“The Board of Governors of the C.D.A. wishes to convey to the headquarters staff its sincere thanks and appreciation for the faithful and efficient performance of their duties.”
 15. Gentlemen of the Press:
“The Board of Governors of the C.D.A. wishes to convey its thanks and appreciation for their wonderful courtesy and cooperation during the C.D.A. Convention.”
 16. Radio and Television Services:
“The Board of Governors of the C.D.A. wishes to express its appreciation for their courtesy and cooperation in publicizing the activities and deliberations of the C.D.A. Convention.”
 17. The President, Nova Scotia Dental Association, Halifax:
“The Board of Governors of the C.D.A. wishes to convey its sincere thanks and appreciation for its energy and cooperation in making this Convention a success.”
 18. To Dean Lewis:
“The Board of Governors of the C.D.A. wishes to convey its thanks and appreciation to Dean A. C. Lewis for his invaluable assistance in carrying forward the work of the Council on Dental Education and its hope that he will find it possible to continue.”

APPROVED

ANNUAL MEETING
THE CANADIAN DENTAL ASSOCIATION

The annual luncheon meeting of the Canadian Dental Association was held in the Nova Scotian Hotel, on Monday, June 22nd, 1959. Dr. G. M. Dewis, of Halifax, the retiring President of the Canadian Dental Association, presided.

Grace, by Dr. A. E. Kerr, President of Dalhousie University, preceding the Luncheon, was followed by a Toast to the Queen.

PRESIDENT DEWIS: Ladies and Gentlemen, at this time I should like to introduce the head table guests. (Head table guests introduced)

Ladies and Gentlemen, we have another member of the C.D.A. present with us today who I am told will be celebrating his eighty-first birthday tomorrow. We are very glad to have him present with us today. He is a man who has made a significant contribution to Canadian dentistry over a great number of years. I would like at this time to introduce to you Dr. Harry Thomson.

(Applause)

At this time I should like to call on Dr. Raymond Hart, the official representative of the American Dental Association, to bring greetings from that Association.

GREETINGS FROM A.D.A.

DR. RAYMOND HART: President Dewis, Reverend Kerr, Secretary Gullett, Members of the Canadian Dental Association, Ladies and Gentlemen:

It is an honour and a privilege to participate in the joint meeting of the Canadian Association and the Nova Scotia Dental Society. It was a very pleasant surprise to receive the assignment from the President of the American Dental Association, Dr. Percy Phillips, to represent him and bring you greetings and best wishes for a most successful meeting from the member and officers of our Association.

Dr. Phillips was very sorry that he and Mrs. Phillips could not be with you.

After receiving this invitation, Laura and I wrote to the Canadian Tourist Bureau, and the vacation package we received was very inviting. The Camera Tour of the Province of Nova Scotia is most outstanding and it so stimulated us that we are extending our visit with you in hopes of seeing as much of your beautiful and historic province as we possibly can.

And, speaking of history, the American Dental Association is celebrating

its Centennial Year which will be climaxed by the Centennial Meeting in September, this coming September, and may I extend to you a most cordial invitation to our One Hundredth Anniversary Celebration of the founding of our Association.

Anniversaries traditionally are occasions for intense soul-searching about past, present and future, and if we tend to dwell too long on the achievements of the past the fact that dental disease is still a major problem will be sufficient to jolt us back to the present and the future.

The bonds of friendship and good will that have existed between peoples of our countries also exist in abundance between the two dental professions. I like to think that these bonds have been strengthened by the similarity of purpose we have faced in attempting to bring stability and continuity of effort to the two Associations. A look at the map of North America will confirm the suspicion that geography has been one of the most formidable of these problems, but barriers of the type imposed by Nature are not insurmountable, especially when it is developing a spirit of pride in a profession which has been so evident in both of our countries.

As dentistry in the United States approaches its second century I know that you stand with us in purpose to encourage the health of the public and to promote the art and science of dentistry.

Thank you for inviting me. I hope I will have the pleasure of welcoming many of you to our Centennial Meeting in New York. It promises to be a memorable meeting.

I can't close without saying that Laura and I are very impressed with the marvellous hospitality that we have experienced already since our arrival Sunday morning, and your program looks very inviting from the fact of an educational and especially from an entertainment program, and I congratulate the Canadian Society for bringing all you lovely ladies into all your programs. We are a little big and we leave our ladies out sometimes. I am heartily in favour of your procedure here.

Thank you for the privilege of being here.

(Applause)

PRESIDENT DEWIS: Thank you, Dr. Hart, and on behalf of the Canadian Dental Association, I would ask you to take back our greetings and best wishes to the Association which you represent.

Now, Ladies and Gentlemen, the next item on the agenda I see here is labelled the President's Address, so if you want to doze off for a few moments and be refreshed when you go back to your clinics at two-thirty, I won't mind a particle.

ANNUAL ASSOCIATION MEETING

PRESIDENT'S ADDRESS

PRESIDENT DEWIS: I would at this time like to extend a very sincere welcome to all of you here today on the commencement of our Convention. Many of you are visiting us for the first time and it is my hope that you will take away happy memories of this part of the country as you return to your homes.

The Board of Governors have had very busy sessions during the past few days and many matters have been dealt with respecting the welfare of the membership of the Association. May I suggest that you men just relax a bit during the next three days and really enjoy yourselves.

The only reason that I am giving an address at this time is because I am President of this organization and the Constitution states that during the Annual Meeting an address shall be presented by the President.

It is with sincere regret that the President-elect, Dr. W. J. Langmaid, of Oshawa, who would have been installed as President today, found it necessary to resign from this office in the early part of May, because of illness. He had been a member of the Executive Committee of the Canadian Dental Association during the past year, as well as a member of the Executive of the Royal College of Dental Surgeons of Ontario for some years, and his counsel, his knowledge of dental affairs, his keenness and leadership qualities will be greatly missed by the Executive and the membership of the Canadian Dental Association at large. I am confident that I express your feelings and sentiments when I say that we hope Wes will have a complete recovery and that his interest in dental matters will never wane. I am sure that Dr. Stan Phillips is somewhat disappointed today that Wes Langmaid is not here to be installed as President because of the very close friendship that has existed between them for many years.

The Association is very fortunate in that Dr. W. G. McIntosh of Toronto has been prevailed upon and, after very serious consideration, has accepted the presidency for the coming year.

Dr. McIntosh has had a very close contact with the Canadian Dental Association. He has been a member of the Executive Committee, a member of the Research Committee, and also its chairman. He brings with him a great fund of knowledge and insight of the problems with which the profession is faced, as well as new ones which have arisen recently.

Fluoridation

It is quite evident that this measure is not being introduced on as large a scale as we would like to see it. Why isn't it being instituted? I think the answer is very well expressed in an editorial of "Health Magazine". "It is the case of a non-militant majority against a militant minority". Only within the last two months in a town in Nova Scotia where the fluoridation issue was being

considered, a rumour was started by those opposed to the measure that the Canadian Dental Association was going to refute its previous stand at this Convention. As President of the Canadian Dental Association I was asked to correct this impression which I gladly did. This illustrates what means the antis will use to reach their goal.

In the Province of Ontario the whole fluoridation question has been delegated to a commission for study.

In talking to an official of a health department of one of the provinces recently he told me that his government was satisfied with the virtues of fluoridation but it was the legality angle which was the hurdle to overcome. It appears to me that no one could test the legality of it better than the government itself.

Survey

Within the last few months a survey of dental practice has been carried out by the Association. The response has been very gratifying and when the results are tabulated some pertinent information of a realistic nature should be forthcoming with respect to dental practice in this country. In spite of the assurance given by the Association that information of the individual returns is not made available to anyone other than those conducting the survey, there still exists in the minds of some that there is trickery behind the plan. I would judge that this premise is diminishing since the percentage of returns this year is considerably greater than that of the last survey.

Legislation

Legislation of a disturbing nature has been enacted at the last session of legislature in the Province of Saskatchewan. An amendment to the Dental Act of that province was sought by the profession, one of the objectives being to lay down a clear definition of the term "prosthetic dentistry".

The so-called "denturists" appeared in a formidable group to oppose the measure. When the Bill came before the Legislature the section dealing with prosthetics was deleted entirely, the result being that anyone can construct dentures for the public in Saskatchewan provided the patient procures a statement from either a dentist or a medical doctor that the oral tissues are in a state of health. Naturally the dentists of this province are upset and are very concerned that such legislation is on the statute books; and why shouldn't they be? In fact, we should all be very concerned because of the effect this will have in the provinces where the denturists have been very active and endeavouring to obtain legislation of a similar nature.

Let us not be complacent about this matter and say, "It can't happen here". Unless the dental profession, teaching institutions and the public take definite steps to point out to the legislators that a measure such as this is defi-

ANNUAL ASSOCIATION MEETING

nately a backward step and leaves a misinformed public in a state of confusion, to say the least, I believe legislation of this kind will have a deleterious effect on young men who are considering the study of dentistry. Their reaction could well be, "why spend six years of intensive training in a university, a considerable portion of this time being devoted to the prosthetic branch, and then go out in practice to compete with an individual or individuals who have had no training in the basic sciences, but whose knowledge is of a mechanical nature only?"

Recruitment to the Profession

It would appear that the dental faculties are scraping the bottom of the barrel, so to speak, in order to obtain enough students to fill the spaces available in the dental schools. In one university where I visited this year there were at least ten vacancies existing simply because the calibre of the students applying was not of sufficient quality to be admitted. This is most unfortunate and there must be a reason why young men are not attracted to the dental profession. Some of the reasons advanced are that practising dentistry is too hard work; another is that the cost of dental education is exceedingly high; and the third reason often suggested is that young men are somewhat apprehensive of what might take place if a scheme of health insurance or socialized dentistry is adopted in this country. What are we as members of the profession doing about recruitment? Are we doing anything about encouraging young lads that we see in our offices daily? Do we ever take the time to talk about the advantages, the opportunities, the challenges offered by the dental profession? I believe some of us do, but a great many discourage students and paint as black a picture as they possibly can.

Sure, dentistry whether from the practice or the administrative standpoint presents every day problems which must be dealt with. But what position in any walk of life doesn't present new problems from day to day? Most of the men in the dental profession that I know are enthusiastic about dentistry. A small number are not and one visit to their offices would reveal why they lack enthusiasm. They have failed to keep abreast of professional advances in the various phases of dentistry.

We as a profession can do a great deal more than we have in the past if we take this matter seriously, and let each one of us be missionaries for the profession, not only in our offices but also in other fields such as high school groups, scout groups, Hi-Y groups, and many other organizations of a similar nature. I don't believe anyone is better qualified to tell the story of dentistry to an individual than an enthusiastic dentist.

Visitations

During the last five months it was my privilege to visit the dental societies in most of the larger centres in Canada — Saint John, Charlottetown, Cornerbrook, Halifax, Quebec City, Saskatoon, Edmonton, Calgary, Vancouver,

Victoria, Regina, Lethbridge, Winnipeg, Hamilton, Three Rivers and the Ontario Dental Association meeting. I also visited four of our dental schools, and while it did mean that I was absent from my office for a considerable period, I would like to assure you that it was an experience that was simply wonderful. The hospitality shown in each place, the many friendships that I made, the high regard for the Canadian Dental Association amongst the members of the dental profession in this country are some of the tangibles that one will always remember.

During the year many men have said to me, "What happens to your practice when you are away from your office?" Well, my answer is this: Each month I have on the payroll my assistant, my technician and the Federal Government. The technician and the Government are laid off during the time I am absent and this only leaves the assistant to look after, plus the rent and incidental expenses relative to the operation of the office. I might say that the loss in income was well compensated by the privilege accorded to me in serving as your President.

I am sure that all of you here today will be glad to know Dr. J. S. Bagnall, who has been associated continuously with Dalhousie University since his graduation in 1921, who served as Dean from 1947 to 1954, has recently been appointed archivist for the Canadian Dental Association. The history of dentistry in this country is in danger of disappearing. Dr. Bagnall served as Secretary of the Canadian Dental Association from 1926 to 1942, and is highly qualified to take up this assignment. We have every reason to feel that he will do an excellent piece of work.

I would not suggest closing this address without paying a tribute to all those who have worked so faithfully and diligently over a long period of time to make this Convention a reality. To Dean McLean and every member of his committee I would like to offer my sincere thanks and gratitude. Having attended most of the committee meetings over the two year period, never once did I see anyone who was not willing to take any task that was assigned to him. This in itself is indicative of the cooperation which exists among the men in this area.

I would also like to thank Mrs. Bingham, the Convenor of the Ladies' group, and all her committee responsible for the many activities which the ladies will be participating in during the three day meeting. Women as a rule don't get along quite as easily as the men do, but I understand Mrs. Bingham's diplomacy has always been in the forefront and all has gone along very, very nicely. Again, my very sincere thanks to all the ladies.

In closing I want to express to you, the members of the Canadian Dental Association, my appreciation for having elected me as your President last fall in Montreal. As I said before, it has been a wonderful experience and the guidance and help that has been given to me by our Secretary, Don Gullett, has been a tower of strength. To my successor I offer my very best wishes and

ANNUAL ASSOCIATION MEETING

assure him that when his term of office is completed, as mine is now, he will feel that the effort was well worth while. I wish to pledge my support and help in everything that will strengthen our national organization. Thank you.

(Applause)

HONORARY MEMBERSHIP

PRESIDENT DEWIS: At this time it is my pleasure to present Honorary Membership in the Canadian Dental Association to a very good friend of mine. We have practised in the same building, across the hall from each other, for twenty-eight years, and we are still on speaking terms which doesn't prevail among all members of the dental profession. He is Dr. Alden West Faulkner of Halifax. Dr. Faulkner was born in the year 1885 at Selma in Hants County. (You don't mind me giving the year?)

After graduation from high school he went to Normal College and he taught school prior to starting his dental education. He was a member of the first dental graduating class from Dalhousie in 1912. He has practised dentistry in Halifax continuously from the time of his graduation until 1956 when he retired.

He is a Past President of the Canadian Dental Association for a two year term, 1930 to 1932.

He is a Past President of the Nova Scotia Dental Association.

He is an Honorary Member of the Halifax County Dental Society.

In 1931 he was elected a Fellow of the American College of Dentists.

He was Secretary-Registrar of the Provincial Dental Board of Nova Scotia from 1919 to 1923, and was also a member of that Board for some years.

He was an instructor, a teacher at Dalhousie at the dental faculty from the year 1913 until 1941.

He is the nineteenth man to become an Honorary Member of the Canadian Dental Association.

Dr. Faulkner, it is a pleasure and an honour for me to convey to you Honorary Membership in the Canadian Dental Association.

(Applause)

DR. A. W. FAULKNER: Mr. Chairman, Mr. President, Members of the Board of Governors, Fellow Members of the Canadian Dental Association: I wish to thank you for this honour that has been given me today. To join the ranks of those who have already received this honour is a great privilege.

Many of the men who were associated with the Canadian Dental Association in my more active days have passed on, but their names will not be for-

gotten. Such names as Dr. A. E. Webster, Dr. Dubois, Dr. Philippe Hamel, Dr. George L. Cameron, Dr. J. M. McGee, Dr. Frank Woodbury, Dr. G. K. Thompson, Dr. Vic. Crowe, and Dr. Ken Carver. Newer faces and younger men have come to take their places. That is as it should be. That is life.

The Canadian Dental Association since the days when I was associated actively with it, has grown tremendously and it is my hope and conviction that it will continue to expand its usefulness to the profession in the days to come.

I thank you again for the honour you have given me today.

(Applause)

INSTALLATION OF NEW PRESIDENT

PRESIDENT DEWIS: I will now call upon Dr. S. J. Phillips, the Installing Officer, to come forward.

DR. S. J. PHILLIPS: Mr. President, Dr. Kerr, Distinguished Guests, Charming Ladies, and Members of the Canadian Dental Association:

Much of the strength of any organization lies in the calibre of the men that are being trained to take over high positions within our organization.

It is my privilege and I deem it a great honour to introduce to you our new President, Dr. William G. McIntosh.

(Applause)

Today we witness the end of a very successful presidential reign of Dr. George Dewis and the succession to that exalted position of Dr. McIntosh.

From the beginning Dr. McIntosh has been a marked man in the sense that it was soon evident that he possessed those rare qualities of leadership that one day would bring him to you as President.

Bill has always carried the standards of his profession high; he is a man of great vision, rare ability and a keen executive.

In assuming office as President I am sure that Dr. McIntosh is conscious of the heavy responsibility with which he is faced. Knowing him well, I can assure you that he is fully equal to the task and he will not only bring honour to himself, but great credit to his profession.

William Gordon McIntosh was born at Hanley, Saskatchewan. His early education was at Prince Albert, and he took his pre-medical year at the University of Saskatchewan at Saskatoon, and his dental education at the University of Toronto, from which faculty he graduated in 1937.

He practised for six months at Trenton and another six months at Oshawa, and in 1938 he returned to Toronto and has practised there ever since.

ANNUAL ASSOCIATION MEETING

Since graduation he has participated in post graduate courses in Periodontics in the University of Toronto and Ann Arbour, Michigan and also the University of Alabama.

In 1957 he received his Master of Science Degree from Toronto.

Dr. McIntosh has held many positions in organized dentistry, and to name a few:

- 1949 - 1954 C.D.A. Research Committee Chairman.
- 1955 Chairman of the C.D.A. - O.D.A. Convention.
- 1957 Member of Board of Governors of the C.D.A.
- 1957 - 1958 Research Chairman of the American College of Dentists.
- 1958 He became a member of the Executive Committee of the Canadian Dental Association.
- 1958 - 1959 President of the Canadian Academy of Periodontology.

From 1942 to 1946 he served as Major in the Royal Canadian Dental Corps.

His dental appointments to hospitals and schools have been many:

Associate Professor in Periodontics at the University of Toronto.

Consultant in Periodontics at the Hospital for Sick Children, Toronto, and at the Sunnybrook Military Hospital.

In 1950 he had the honour of being made a Fellow of the American College of Dentists.

These are strenuous days for our profession; your duties will be many; you will have vexing decisions to make and you will have disappointments, but let me assure you that you will have wonderful support and cooperation from every member of the profession across Canada.

May God direct your judgment and bless your efforts.

Bill, I congratulate you, and I am very happy to install you as President of the Canadian Dental Association.

(The chain of office was placed on Dr. McIntosh by the Secretary, Dr. Gullett.)

I charge you with the responsibility of leading this great organization for the coming year.

Ladies and Gentlemen: may I have the honour and privilege of presenting to you Dr. William Gordon McIntosh, President of the Canadian Dental Association.

(Applause)

PRESIDENT ELECT MCINTOSH: Mr. President, Dr. Kerr, Ladies and Gentlemen: At the moment, my mind is full of many contrasts. I am truly thrilled to be the President of the Canadian Dental Association.

At the same time I am seriously saddened at the turn of events which have resulted in my being before you at the moment, and of course the turn of events to which I refer is the recent illness of Dr. Wes Langmaid of Oshawa, Ontario, who but for this illness would be addressing you now.

It is most disappointing to dentistry, and to all dentists, particularly those who have had the opportunity and good fortune of working with Dr. Langmaid, to realize that he is not going to be at the helm of our dental ship for this coming year. His sparkle, enthusiasm and wise counsel in all his dental activities have been a great stimulation to others and will certainly be sorely missed in the months ahead.

It seems rather an odd coincidence to me that for a few months after my graduation I went to Oshawa and worked for Dr. Langmaid in his office and now today I have the feeling that again I am working for Dr. Langmaid. The greenhorn who went to Dr. Langmaid's office some twenty-two years ago has never forgotten and will always be mindful of the wise counsel and hospitality of both office and home that were so abundantly and generously given.

To you, Dr. Phillips, I want to express my sincere thanks for completing a task that I know has been a difficult one for you. As has been said, when Dr. Phillips was named the Installing Officer for this year, it was with the thought that he would have the pleasure of installing in this high office his dearest and closest friend.

I am very honoured, Dr. Phillips, that you have been willing to carry on under the circumstances, and I thank you most sincerely for your very kind words.

Again, for a moment thinking of the contrast, I am extremely honoured and proud to have the privilege of serving our profession through this singular position. At the same time I am more than a little fearful that my abilities will not measure up to the responsibilities and obligations of the high office. Needless to say, I am counting on the help and support of Dr. Dewis, and Dr. Gullett, and the members of the Board of Governors, and all the other stalwarts of dentistry.

With this help I give you a pledge to do my best for the profession and for Dr. Langmaid.

Now, I am sorry that Marion is not able to be here to share with me the thrill of the moment and to enjoy the hospitality of the good fellowship of our many friends in eastern Canada.

My congratulations are of course extended to Dr. George Dewis who has made a wonderful President and has done a great deal for dentistry from one

ANNUAL ASSOCIATION MEETING

coast of Canada to the other. George has been a faithful servant of dentistry for many years, and along with his associates he has set up a very enviable pattern that will be hard to equal.

Dr. Jim Coupland, the able and energetic Chairman of next year's annual meeting in Ottawa, in September 1960, already has arrangements well in hand for an outstanding meeting. We both extend to you all a cordial invitation to be present at that time.

Now, may I in conclusion ask you all for your active help. Dentistry, to grow in stature as it should, needs the conscientious support of every member in its ranks. Many problems lie ahead, but I am confident that they can be surmounted if we work as a team with every dentist in Canada an active member on that team.

Ladies and Gentlemen, thank you most sincerely for your confidence and your trust.

(Applause)

PRESENTATIONS TO PRESIDENT

DR. S. J. PHILLIPS: I have another very pleasant duty to perform in the name of every member of the Canadian Dental Association, and that is to express to Dr. George Dewis our sincere appreciation and gratitude. The thought that is uppermost in my mind at this time is the desire to express to you our appreciation for all you have done for us, to congratulate you on your fine year's work, and to express thanks of all ten provinces joined together here today to honour you.

Our earnest hope is that you will long be blessed with good health. As you come to the end of this pleasant period of your life, may you often relive all the pleasant memories of being our President.

We would like to think of you and we shall always remember you as you stand before us as a gracious host, a great educator, and an inspiring leader, but above all, a warm and kindly friend.

So it is now my pleasure — for me a happy one — and a privilege, to ask you, Dr. Dewis, to accept the Past President's Jewel, presented to Dr. George Dewis as a symbol of fellowship between yourself and the dentists of Canada. May you always hold it as a memento of our esteem and respect.

(Past President's Jewel presented to Dr. Dewis)

And, Mrs. Dewis, will you please stand?

A good wife inspires a man to his greatest heights of success. The poet has said it much better than I can: "Women are the poetry of the world in the same sense that the stars are the poetry of heaven: clear, light giving, harmonious. They are the terrestrial planets that rule the destinies of we men".

ANNUAL ASSOCIATION MEETING

So, for your wonderful help as the wife of the President, and as a memento of this occasion, I would ask you to accept these roses with our grateful thanks.

(A bouquet of red roses presented to Mrs. Dewis)

(MRS. DEWIS: Thank you.)

And now, George, on behalf of the Canadian Dental Association, and in recognition of the services of both Mrs. Dewis and yourself, I ask you to accept this silver salver as a remembrance, and as a token of our appreciation for a very successful year as President of the Canadian Dental Association, and may you think of us all in the years to come.

(Silver salver presented to Dr. Dewis.)

(Applause)

PRESIDENT DEWIS: Ladies and Gentlemen: I have the agenda here, and this is an item that wasn't put on it, so I am afraid I shall have to rule this out of order.

I have a motion before me by President McIntosh and seconded by President-elect Whyte, that this matter be referred to the Executive Committee; so before we vote on it I would like to say that I would like to express my sincere and heartfelt thanks, not for what this is but for what it represents — the dentists of Canada. My heartfelt thanks.

My wife usually does the talking at home but she did say "Thank you" so we will leave it at that.

Now, I have been asked to make two or three announcements.

The first one is with respect to the buses that will be taking you to the Shore Party. The buses will be at the Nova Scotian and the Lord Nelson Hotel at five o'clock.

The second announcement: The Chairman of the Ladies' Committee has asked me to let them know they should wear something warm to that party. It is right by the sea and the wind off the water is going to be cold.

That, Ladies and Gentlemen, concludes our meeting this afternoon and I now declare the meeting adjourned.

(Adjournment at 2.35 p.m.)

TRANSACTIONS

(CONTAINING REVISED BY-LAWS)

3

OF THE CANADIAN DENTAL ASSOCIATION



ANNUAL MEETING
PARLIAMENT BUILDINGS, OTTAWA
SEPTEMBER 21-24, 1960

TRANSACTIONS
(Containing Revised By-Laws)
OF THE
CANADIAN DENTAL
ASSOCIATION



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PARLIAMENT BUILDINGS, OTTAWA
SEPTEMBER 21 - 24, 1960

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OFFICIALS

1959 - 1960

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Officers

<i>President</i>	- - - - -	W. G. McINTOSH, Toronto, Ont.
<i>President-elect</i>	- - - - -	J. P. WHYTE, Swift Current, Sask.
<i>Immediate Past President</i>	- -	G. M. DEWIS, Halifax, N.S.
<i>Secretary-Treasurer</i>	- - - -	D. W. GULLETT, Toronto, Ont.

Executive

W. G. McINTOSH, J. P. WHYTE, G. M. DEWIS, R. LANGLOIS
J. ZIMMERMAN WM. MILLER M. V. J. KEENAN

Board of Governors

WM. MILLER	- - - - -	612 Birks Bldg., Vancouver, B.C.
J. ZIMMERMAN	- - - - -	810 Greyhound Bldg., Calgary, Alta.
J. P. WHYTE	- - - - -	Swift Current, Sask.
W. J. RILEY	- - - - -	505 Medical Arts Bldg., Winnipeg 1, Manitoba
J. P. COUPLAND	- - - - -	142 Laurier Ave. W., Ottawa, Ont.
L. M. GROSE	- - - - -	1184 Danforth Ave., Toronto 6, Ont.
M. V. J. KEENAN	- - - - -	7 Cedar St., Sudbury, Ont.
A. H. LECKIE	- - - - -	606 Medical Arts Bldg., Hamilton, Ont.
O. J. YULE	- - - - -	74 St. Clair Ave. W., Toronto, Ont.
J. M. CHAMARD	- - - - -	1509 Sherbrooke St. W., Montreal, P.Q.
R. LANGLOIS	- - - - -	401 Grande Allee E., Quebec.
J. P. LACHAPELLE	- - - - -	5840 Hochelaga St., Montreal, P.Q.
W. B. O'BRIEN	- - - - -	366 Queen St., Fredericton, N.B.
P. S. CHRISTIE	- - - - -	216 Spring Garden Rd., Halifax, N.S.
J. D. REDDIN	- - - - -	Mount Stewart, P.E.I.
J. M. DARCY	- - - - -	T. A. Bldg., Duckworth St., St. John's Newfoundland.

ATTENDANCE AT BOARD OF GOVERNORS' MEETING

Ottawa, September 21 - 24, 1960

	1st Ses. Sept. 21 10 a.m.	2nd Ses. Sept. 22 2 p.m.	3rd Ses. Sept. 23 9 a.m.	4th Ses. Sept. 23 2 p.m.	5th Ses. Sept. 24 9 a.m.	6th Ses. Sept. 24 2 p.m.
<i>Board of Governors:</i>						
Chamard, J. M.	v	v	v	v	v	v
Christie, P. S.	v	v	v	v	v	v
Coupland, J. P.	v	v	v	v	v	v
Darcy, J. M.	v	v	v	v	v	v
Dewis, G. M.	v	v	v	v	v	v
Grose, L. M.	v	v	v	v	v	v
Keenan, M. V. J.	v	v	v	v	v	v
*Bernier, L.	v	v	v	v	v	v
Langlois, R.	v	v	v	v	v	v
Leckie, A. H.	v	v	v	v	v	v
McIntosh, W. G.	v	v	v	v	v	v
Miller, W.	v	v	v	v	v	v
O'Brien, W. B.	v	v	v	v	v	v
Reddin, J. D.	v	v	v	v	v	v
Riley, W. J.	v	v	v	v	v	v
Whyte, J. P.	v	v	v	v	v	v
Yule, O. J.	v	v	v	v	v	v
Zimmerman, J.	v	v	v	v	v	v
Gullett, D. W., Sec'y	v	v	v	v	v	v
<i>Committee Chairmen:</i>						
Anderson, P. G.	v	v	v	-	v	v
Antoni, A. A.	-	v	v	v	v	v
Brown, H. K.	v	v	v	v	v	-
Chalmers, J. G.	v	v	v	v	v	v
Cline, H. M.	v	v	v	v	v	v
Fernet, F. A.	-	-	-	v	v	v
Grace, A. W.	v	v	-	v	v	v
Lepine, L.	v	v	-	v	v	v
Martin, F.	-	v	v	v	v	v
McGuigan, J. P.	v	v	v	v	v	v
McLean, J. D.	-	v	v	v	v	v
Paynter, K. J.	v	v	v	v	v	v
Phillips, S. J.	v	v	v	v	v	v
Rogers, M. A.	v	v	v	v	v	v
Rooney, R. A.	-	v	v	v	v	v
Winn, R. O.	v	v	v	v	v	v

Editors:

Bilkey, E. R. W.	v	v	v	v	v	v
de Montigny, G.	v	v	v	v	v	v

*alternate for J. P. Lachapelle

ATTENDANCE AT BOARD OF GOVERNORS' MEETING

Ottawa, September 21 - 24, 1960

1st Ses. Sept. 21 10 a.m.	2nd Ses. Sept. 22 2 p.m.	3rd Ses. Sept. 23 9 a.m.	4th Ses. Sept. 23 2 p.m.	5th Ses. Sept. 24 9 a.m.	6th Ses. Sept. 24 2 p.m.
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Members:

Abraham, J. W.		v		v	
Baird, K. M.	v			v	
Beach, H. N.		v		v	v
Bingham, R. H.		v	v	v	v
Boyes, M. G.					v
Bryce, W. D.				v	v
Bugden, H. C.	v				
Cameron, A. A.		v			
Chegwin, A. E.	v	v	v	v	v
Chesnay, G.		v			
Clarke, P. M.		v		v	v
Compton, F. H.			v	v	v
Connor, R.	v	v	v	v	v
Crowson, A. H.				v	
Cummings, J. C.				v	
Dawson, W. G.		v	v	v	
Dunn, W. J.	v	v	v	v	v
Fox, E. J.			v		
Garvin, M. H.				v	v
Graham, J. A.					
Hann, H. J.		v	v	v	
Husband, C. D.				v	
Hurton, J. R.			v	v	v
Kavanagh, E. P.	v	v	v	v	v
Kilburn, L. A.	v	v		v	
Kohli, F. A.	v	v			
Lachapelle, J. P.		v	v	v	

ATTENDANCE AT BOARD OF GOVERNORS' MEETING

Ottawa, September 21 - 24, 1960

	1st Ses. Sept. 21 10 a.m.	2nd Ses. Sept. 22 2 p.m.	3rd Ses. Sept. 23 9 a.m.	4th Ses. Sept. 23 2 p.m.	5th Ses. Sept. 24 9 a.m.	6th Ses. Sept. 24 2 p.m.
<i>Members: Cont'd</i>						
LeBlanc, R. M.	v	v	v	v		
Levinson, K. L.					v	
Lyon, J. D.			v	v		
MacLachlan, L. E.			v	v	v	
MacLean, H. R.		v	v	v	v	
McCombie, F.	v		v			
McCutcheon, J.		v			v	
McIntyre, R. R.		v				
McLaren, H. R.				v		
McPhail, C. W. B.	v	v	v			
Oliver, H. T.			v	v		
Rochon, G.	v			v	v	
Schachter, J. J.	v	v	v	v	v	
Sheridan, C. W.	v	v	v	v	v	v
Slone, A.	v		v			
Smith, F. R.	v	v	v	v	v	v
Swann, G.				v	v	v
Tanner, D.						v
Tourigny, H.	v	v	v	v	v	
White, E. A.						v
Woods, C. E.	v	v	v	v	v	v

FOREWORD

This publication contains a record of the business transacted at the 59th Annual Meeting of the Canadian Dental Association, held in the Senate Banking Committee Room, Parliament Buildings, Ottawa, September 21 to 24, 1960.

At annual meetings of the Board of Governors, reports are first referred to reference committees for study. Chairmen of these committees report their findings to the open sessions of the complete Board, where final decisions are made. As a result of this procedure, all matters presented received thorough consideration.

Reports are printed herein as amended at the meeting. Comment and action of the reference committees appear after each report.

These transactions are published in order that each member may be familiar with the policies of the Association on the subjects considered. It is hoped that a valuable reference book is thereby provided.

(Sessions of the Board of Governors are not open to the general public but individual members of the Canadian Dental Association are welcome to attend as observers.)

REPORT

1. Introduction

Ladies and Gentlemen, it is indeed a pleasure to welcome you to this, the 59th Annual Meeting of the Board of Governors of the Canadian Dental Association. I hope that the deliberations to follow will strengthen our Association, and will at the same time be profitable and pleasant for everyone in attendance. Your sincere and active participation in the business that comes before this meeting will make this objective a reality.

2. Location of Board Meeting

It is a rare privilege for our Association to be permitted to hold this Annual Board meeting in the Federal Parliament Buildings here in Ottawa. The historic background which permeates these Senate Chambers should add dignity and gravity to all our proceedings. For this privilege we are indebted to the general convention chairman, Dr. J. Coupland, the Honourable Donald Smith, a C.D.A. member, the Clerk of the Senate, and I thank them most sincerely.

3. Convention Committee

I wish to draw attention to the fact that the organization for this Board of Governors' Meeting and for the joint convention of the Eastern Ontario Dental Association with the Canadian Dental Association which follows next week, has been most expertly conceived and executed. I wish to personally thank Dr. and Mrs. J. Coupland, Mrs. W. Sheridan and the entire Convention Committee for the splendid job they have done. In addition to the usual arduous duties of planning and arranging a national convention, this group has taken on the tasks which might ordinarily have fallen to Mrs. McIntosh and me, had we resided in or near Ottawa, and for this additional responsibility I extend my grateful appreciation.

4. Dr. Langmaid

I am happy to be able to inform you that Dr. W. J. Langmaid, the man who would have been your president this past year had it not been for the misfortune of poor health, is well enough to be enjoying his favorite hobby of training and running hunting beagles. Dr. Langmaid retains the enthusiasm, the sparkle and the good judgment which would have made him one of the Association's most outstanding presidents. It has been my good fortune on several occasions this year to be able to go to him for advice in connection with C.D.A. affairs. His help and encouragement have been tremendous stimuli to me and I submit that the Canadian Dental

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Association is indebted to Dr. Langmaid for his continuing interest and support.

5. Board of Governors

The Board of Governors is pleased and happy to welcome to its ranks Dr. J. P. Lachapelle of Montreal and Dr. O. J. Yule from Toronto. To these new members I extend a sincere welcome and invite them to participate freely in all the deliberations. By taking your place on this Board you have assumed a particular responsibility to organized dentistry in Canada. Your help is needed. I trust your term office will be a rewarding one to your profession and to yourself.

6. Dr. R. M. LeBlanc of Sherbrooke, Quebec has been appointed Secretary of the College of Dental Surgeons of the Province of Quebec and has subsequently resigned from the Board of Governors of the C.D.A. To Dr. LeBlanc I wish to convey the thanks and appreciation of the national association for his many contributions and I further wish him every success in his new assignment with the Quebec College.

7. Economist

In accordance with the directions given to the Executive Committee at the last Annual Meeting of the Board, an economist in the person of Miss Isabel Boyd has now been added to our headquarters staff. Miss Boyd came to the Canadian Dental Association with the highest recommendations. The addition to our administrative staff of an expert in statistics and economics, of Miss Boyd's calibre, is I think one of our Association's most important accomplishments during the past year. I take pleasure and pride in introducing Miss Boyd to you. (Miss Boyd's official title is Assistant Secretary, and Director of the Bureau of Economic Research).

8. Visitations

It has been my privilege this year to accompany our Secretary on the visitation tour from one coast of Canada to the other. A list of the societies and dental schools that were visited appears in Appendix A to this report. It was unfortunate for me that time did not permit attendance at all meetings to which invitations were kindly extended. It seems appropriate to make a few pertinent comments in connection with these visits.

(a) At each place of call the visitors were made to feel extremely welcome. Hospitality was cordial and warm.

(b) Local dental associations and individual dentists across the country are generally aware of the profession's problems but no clear cut goal or objective has been defined for them.

(c) Most thinking and actions of the various dental groups appear as an effort to preserve their present status even after that status has been

questioned or challenged by governments or other groups. Would it not be more realistic to carefully examine the current question with an energetic effort to improve dental services to the public and with a vision of continued expansion of these services in the future? Attitude will play a most important role in the future of the profession.

(d) While the basic problem of insufficient available dental service was the same in every province, it was interesting to note that the defensive positions and resulting actions into which the profession had been prodded by both governments and illegal technicians, were different in each province. These situations indicate the need for the development by the C.D.A. of a clear cut, forward looking policy which would permit, and assist in, a co-ordinated constructive effort on the part of organized dentistry all across Canada. Strong leadership is urgently required.

(e) The heavy burden of responsibility, as counsellor, director and confidant, that our Secretary is expected to carry, was evident in each province. There is no doubt that every organization looks forward with keen anticipation to the annual visit of the Secretary. His visit obviously affords them the opportunity to discuss their problems with someone who knows and understands the local situations, and to obtain from him knowledgeable recommendations.

(f) A particularly keen interest in dental affairs was evident in dental societies in the provinces where legislative action was pending. It was gratifying to see that organized dentistry was rising to the occasion and making concerted efforts to uphold its adopted principles.

(g) In addition to the visits referred to above, your President also had the privilege of being an official representative of the Association at the American Dental Association's Centennial Meeting in New York last September; at the official opening of the new Dental Building at the University of Manitoba in March and at the Swedish Dental Society's Centennial Congress in Stockholm in August.

(h) During the A.D.A. Recognition Ceremony at which representatives of dental organizations from some 59 countries were introduced, it was my pleasant duty to extend greetings on behalf of the C.D.A. and also to present to the A.D.A. a beautiful mural wood carving depicting a scene in an old Canadian trading post. Comments received at the time and since indicate that the Canadian gift was very well received.

(i) It was similarly my pleasure to present greetings and a silver tray suitably engraved to the Swedish Dental Society on behalf of the C.D.A. on the occasion of the Centennial Congress of the Swedish Dental Society.

9. Committees

It is of course impractical to single out each individual who has in one capacity or another worked for the good of the Association over the past year and as a result made my job much less responsible and much more

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pleasant. Collectively however, I do wish to offer my sincere thanks for the genuine efforts of each committee chairman, each committee member and the entire headquarters staff. To every C.D.A. member, who by encouraging word or thoughtful deed has helped me and the Association to face up to the issues of the day, I hereby express my heartfelt gratitude.

10. Secretary

Your Secretary, Dr. Gullett, merits a very special acknowledgement from me for his untiring, generous and most competent assistance. I know of no man who takes the interests of the Canadian Dental Association to heart as much as Dr. Gullett does nor do I know anyone who has worked as diligently or as successfully for our Association. It has been an enviable experience for me to work with him, to learn from him and to be so skillfully guided by him. For your tolerance and your wise counsel Dr. Gullett, I offer my profound thanks.

11. Dr. Gullett's contributions to organized dentistry are not limited to the Canadian scene. Since the last meeting of this Board, he has received two distinguished honors both of which give some indication of the high regard in which he is held on the international scene. Last July in London, England, Dr. Gullett received a significant Fellowship in Dental Surgery conferred upon him by the Royal College of Surgeons of England. Also, during the A.D.A. Centennial Meeting last September he was elected President of the American College of Dentists. On behalf of the C.D.A. I wish to congratulate our Secretary on receiving these high honors and thank him for bringing reflected recognition to our Association.

12. Dental Schools

During the past year our profession has been favoured by the opening of two new modern dental schools—an enlarged replacement in Toronto and a completely new school in Winnipeg. Much credit is due those individuals who in the first instance had the foresight to see the need and subsequently to organize, plan and complete two of the finest dental schools in the world. Deans Ellis and Neilson particularly deserve recognition for the wonderful guidance and leadership which they have admirably demonstrated in the development of these fine schools.

13. Recruitment

According to our latest statistics on undergraduate dental education in Canada we now have a potential for graduating 307 students per year. It has been observed by most if not all of the six schools that both quality and quantity of applicants to fill these 307 places has been far from ideal.

14. It appears therefore that active recruitment programs are an urgent need. Efforts in this direction have been made to various degrees in most

of the provinces. In many instances the efforts have been haphazard, they have lacked continuity and have resulted in little success. As the recruitment of high calibre students is one of the profession's greatest problems, I suggest that the Board of Governors give consideration to the formation of a national recruitment committee to work in conjunction with similar committees in each of the provinces.

15. Board Members

One observation that concerns the officers of your Association is the general apathy shown by a large percentage of dentists towards organized dentistry and particularly toward the national association. When questioned in this regard, a frequent reply is to the effect that it is almost impossible to have a voice in C.D.A. affairs; that it is a closed shop and useless to express one's self unless they are in the "inner circle". The frequency of this type of reply is disturbing and prompts me to suggest to the Board of Governors that it in turn suggest to the corporate members a review of the various policies presently in practice pertaining to the selection of their representatives on the C.D.A. Board. An open election method seems to stimulate interest and would help to avoid the type of criticism referred to above.

16. Auxiliary Personnel

Information from all reliable sources indicates that there is a severe shortage of available dental services in Canada at the present time and that this shortage will rapidly become more acute if no change is made in present methods of supplying these services. Evidence also exists which indicates that the public's demand for dental services is going to be met, if not by a co-operative dental profession, then by some other arrangement.

17. Recognizing the seriousness of this situation and also the advantages of retaining for the profession the administrative control of its services, it seems obvious that some additions to the dental profession's present preventive and therapeutic programs are now necessary.

18. Detailed suggestions for outlining a more extensive dental service program for the public will appear in other reports at this meeting. One item however, in my opinion, merits special emphasis here. This is the item of auxiliary personnel and the services which these auxiliaries are permitted to render. Professions like engineering, law, medicine and others have found it advantageous to continue to expand their auxiliary groups. Such an expansion has been of benefit to both the public and the profession concerned. I ask this Board to seriously consider the application of the same principle to our problem of making more good dental services available to the public.

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19. Properly qualified and recognized dental auxiliaries, working under the supervision of a dentist have already demonstrated their ability to greatly increase the efficiency and the total dental service of the office in which they work.

20. The office efficiency and the amount of service could be improved to still greater advantage by expanding, within controlled limits, the services which these auxiliaries are legally permitted to render and for which they have received suitable training.

21. The Editor

This Association has been most fortunate in its selection of editors. Each in turn has contributed immeasurably to the gradual development of our Journal, which today is considered to be one of the finest of its type that is in print. Other reports will deal more fully with the resignation of our present editor, Dr. E. R. Bilkey, and the appointment of a new editor, but I want to express my own gratitude for the excellent contributions that Dr. Bilkey has made to our Association through the pages of the Journal. I regret that it has been necessary for him to relinquish this post. At the same time it is quite apparent that the position now demands more than a half-time appointment, if the Journal is to grow with the Association, and in this viewpoint I am in complete agreement with Dr. Bilkey.

22. There are two points that I would like to bring to the attention of the Board in connection with the future activities of our editor and the further development of the Journal.

(a) An editor, to write with feeling and accuracy about dentists and dental situations across Canada, should have first hand information which can only be obtained by visiting the different areas. My visitation tour this year has indicated to me that dentists in the different parts of Canada do not all think alike—attitudes to various problems are different—the problems themselves are not always the same. The differences may be slight, but if the editor is to appreciate and understand these differences and make use of them to mould a stronger organization, then, in my opinion, it is most important that he visit each area, talk to the dentists on their own home ground and get to know the national picture. Accordingly I suggest that this Board give consideration to the establishment of a visitation program for the editor, preferably in company with the Secretary and President.

(b) The second point is in connection with progress reports which should emanate from the committees. A number of comments have been received to the effect that readers would like to have more information on the month to month developments particularly about the more important issues. Experience has shown that reporting of this kind makes it necessary for the editor to be at the various committee meetings. This I believe

is most desirable and should be done, but quite obviously can not be done unless the editor is a full time employee of the Association. My suggestion therefore is that, when we have a full time editor, a real effort be made to include in the Journal an up to date commentary on the various activities of the Association.

23. **Federation Dentaire Internationale**

The C.D.A. is a participating member of the F.D.I. This membership affords the C.D.A., through its representatives, the opportunity to benefit from the administrative and scientific experiences of dental organizations around the world. Today no country or national organization can isolate itself from the rest of the world. The C.D.A. is proud to have a voice at international dental meetings, and it is to our advantage to have this liaison with dental organizations from other countries. In return it is expected that our organization will assume its rightful responsibility in dental affairs at the international level.

24. It has previously been suggested to this Board that serious consideration be given to inviting the F.D.I. to hold either one of its Annual Meetings or a Congress (held every five years) in Canada. To date no positive action has been taken on this recommendation. While such an event would undoubtedly necessitate a great deal of planning and organization, it could not help but be an historic occasion for the dental profession in Canada.

25. Therefore I urge that the Executive be directed to investigate thoroughly this matter.

26. **Recommendations**

It is my pleasure to recommend for the consideration of this Board:

- (a) The establishment of a C.D.A. special committee on recruitment.
- (b) A review of the methods of selection of representatives to the Board of Governors by Corporate Members.
- (c) An approval of the principle of expanding the numbers and services of dental auxiliary personnel.
- (d) The establishment of a visitation program for the editor of the Journal.
- (e) A more extensive reporting in the Journal of C.D.A. activities and developments.
- (f) That the Executive Committee be directed to explore thoroughly the possibility of inviting the F.D.I. to hold an Annual Meeting or a Congress in Canada.

27. **Conclusion**

At the end of my year in the President's chair I have a deep sense of gratitude for the help and forbearance of all my associates.

Meetings were held with the following dental organizations:

- 1. Thunder Bay Dental Association at Fort William
- 2. Saskatoon Dental Society at Saskatoon
- 3. Edmonton & District Dental Society at Edmonton
- 4. Calgary & District Dental Society at Calgary
- 5. Lethbridge & District Dental Society at Lethbridge
- 6. Kootenay Dental Society at Cranbrook
- 7. Interior Dental Association at Penticton
- 8. Victoria & District Dental Society at Victoria
- 9. Vancouver & District Dental Society at Vancouver
- 10. Regina & District Dental Society at Regina
- 11. Prince Albert Dental Society at Prince Albert
- 12. Manitoba Dental Association and Winnipeg
Dental Society at Winnipeg
- 13. Sudbury District Dental Society at Sudbury
- 14. Ontario Dental Association at Toronto
- 15. Newfoundland Dental Society at St. John's
- 16. Dental Nurses & Assistants of Ontario at Toronto
- 17. Dental Nurses' Alumnae Association of Canada at Toronto
- 18. Dental Laboratories Association of Ontario at Toronto
- 19. Dental School at University of Manitoba
- 20. Dental School at University of Alberta
- 21. The Toronto Academy of Dentistry
- 22. The Montreal Dental Club
- 23. Senior Students at Faculty of Dentistry, U. of T.
- 24. Senior Students at Faculty of Dentistry, McGill University
- 25. Senior Students at Faculty of Dentistry, University of Montreal
- 26. College of Dental Surgeons of the Province of Quebec
- 27. New Brunswick Dental Association at St. John
- 28. Prince Edward Island Dental Association at Charlottetown
- 29. Senior Students of Faculty of Dentistry, Dalhousie University
- 30. Nova Scotia Dental Association at Halifax
- 31. Quebec Dental Society at Quebec
- 32. Societe Dentaire des Trois-Rivieres
- 33. Hamilton Dental Association
- 34. Alpha Omega Fraternity at Toronto

COMMENT AND ACTION

1. Noted.
2. We heartily concur and commend these gentlemen for their efforts in making this meeting place available.
3. We concur.
4. We note with satisfaction the progress Dr. Langmaid is making and are pleased with his continuing interest in C.D.A. affairs.
5. Noted. We join in welcoming these gentlemen.
6. Noted with interested.
7. Noted with approval the establishment of the Bureau on Economic Research and welcome Miss Boyd to our staff.
8. Agreed with these observations and commend Dr. McIntosh taking time for such visitations.
9. Noted.
10. We concur.
11. Noted with great interest. Our congratulations to Dr. Gullett for the high honours bestowed upon him.
12. Noted with interest. Our congratulations to Dr. Ellis and Dr. Neilson.
13. Received as information.
14. See resolution under 26 (a).
15. Agreed. We recommend that this question be placed on the agenda of the next annual meeting of the Provincial Secretaries.
- 16 - 20. Agreed.
21. Agreed. We wish to express our regret that Dr. Bilkey has found it necessary to resign. We wish to express our appreciation of his service.
22. Agreed.
- 23 - 25. Agreed.
26. (a) WHEREAS there is an urgent need for a greater number of suitably qualified applicants to dental schools and
 WHEREAS dental personnel are not being graduated in sufficient numbers to meet the needs or demands of a rapidly increasing population and
 WHEREAS the recruitment of dental personnel is primarily the responsibility of the dental profession and
 WHEREAS increased public understanding of this need is imperative, and
 WHEREAS the Council on Education is to be charged under the new by-laws "to consider recruitment of suitable and desirable students in dentistry", therefore be it
 RESOLVED that the Council on Education be instructed to appoint

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a special sub-committee to study all aspects of recruitment of dental personnel, and

THAT the sum of \$750 be made available to the Council for the purpose of a meeting of this sub-committee, and

THAT each corporate body not already possessing a local recruitment program should be encouraged to establish a provincial recruitment committee that would work in close relationship with this special committee, and

THAT this committee, from its integrated study of recruitment, should prepare a plan for increasing dental personnel that would be practicable in all provinces.

Comment: The success of this activity would be predicated upon the continuous co-operation of every CDA member.

ADOPTED

- (b) WHEREAS there exists a general apathy on the part of Canadian dentists towards organized dentistry, and

WHEREAS many dentists appear disinterested in the affairs of this Association, and

WHEREAS this attitude may be due to a feeling among dentists that they, as individuals, play no real part in this Association, and

WHEREAS this situation might be improved by a better method of representation to the C.D.A., therefore be it

RESOLVED that at the next meeting of the Secretaries of the Corporate Members of the C.D.A., consideration be given to a review of the existing policies of selecting their representatives to the Board of Governors of the C.D.A.

ADOPTED

- (c) WHEREAS there is a severe shortage of available dental services in Canada, and

WHEREAS this shortage under present conditions is going to become more acute, and

WHEREAS if this public demand is not met by a co-operative dental profession some other arrangement will definitely be made, therefore be it

RESOLVED that the C.D.A. approve of the principle of expanding the numbers and services of dental auxiliary personnel.

ADOPTED

- (d) WHEREAS dentists across Canada do not think alike, and

WHEREAS attitudes towards problems are different in various areas, and

WHEREAS the editor of the Journal can gather such information only at first hand, therefore be it

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RESOLVED that the Executive study the feasibility of a visitation program for the editor and that this program be implemented.

ADOPTED

- (e) WHEREAS the editor of the Journal has had a number of comments re lack of month to month progress on important issues, and WHEREAS the editor reports that this can be done by a full-time incumbent, therefore be it

RESOLVED that as soon as a full-time editor is appointed he give the most complete coverage of committee meetings that is reasonably possible, and

THAT current news of important issues be published regularly in the Journal.

ADOPTED

- (f) WHEREAS the C.D.A. is a participating member of the F.D.I. and WHEREAS the C.D.A. must assume its proper responsibilities as a member of the F.D.I., therefore be it

RESOLVED that the Executive study the feasibility of an Annual Meeting or a Congress in Canada and

THAT if found practicable an invitation be sent to the F.D.I. for such meeting in Canada as soon as possible.

ADOPTED

The content of this report reflects the President's comprehensive understanding of the complex affairs of our Association and dedicated service during his term of office.

We consider it a privilege to recommend the adoption of the President's excellent report.

APPROVED

NECROLOGY

MEMBERS: W. G. McIntosh, Chairman, Toronto, Ont.; E. E. Martin, Vancouver, B.C.; R. A. Rooney, Edmonton, Alta.; F. R. Smith, Saskatoon, Sask.; W. G. Campbell, Winnipeg, Man.; W. J. Dunn, Toronto; R. M. LeBlanc, Montreal, P.Q.; R. F. Sansom, Saint John, N.B.; G. M. Dewis, Halifax, N.S.; Heath McIntyre, Charlottetown, P.E.I.; G. P. French, St. John's Nfld.

REPORT

The annual report of the Necrology Committee regretfully records the deaths of the following members.

Archambault, Leon	- - - - -	Montreal, P.Q.
Armitage, George Guelph, Bishops '05	- - -	Montreal, P.Q.
Baillargeon, Maurice, Montreal '46	- - - -	Ste. Anne des Monts, P.Q.
Barber, John Anning, Oregon '33	- - - -	Chilliwack, B.C.
Beaulieu, Charles Eugene, Montreal '20	- - -	Granby, P.Q.
Bernier, Anatole, Montreal '43	- - - -	Asbestos, P.Q.
Blight, Thomas Francis, R.C.D.S. '23	- - - -	Winnipeg, Man.
Boucher, Telesphore, Montreal '26	- - - -	Sorel, P.Q.
Bourassa, Gregoire Ernest, Toronto '59	- - -	Espanola, Ont.
Boyd, Archibald Wylide, R.C.D.S. '18	- - - -	Kirkland Lake, Ont.
Boyd, Joseph Angus, R.C.D.S. '23	- - - -	Stratford, Ont.
Burrell, Hilbert Lorne, R.C.D.S. '22	- - - -	Sarnia, Ont.
Butler, Thomas Elmer Clifton, R.C.D.S. '04	- - -	Toronto, Ont.
Cameron, John Alexander, Creighton '29	- - -	Vancouver, B.C.
Chamberland, Alcide	- - - - -	Montreal, P.Q.
Charlebois, Rodrique, Laval '14	- - - -	Montreal, P.Q.
Chartier, Jean, Montreal '26	- - - -	Montreal, P.Q.
Code, Hilliard McCauley, R.C.D.S. '21	- - -	Toronto, Ont.
Crawford, Joseph Clarence, R.C.D.S. '07	- - -	Haileybury, Ont.
Dalrymple, William Anderson, R.C.D.S. '08	- - -	Toronto, Ont.
Davidson, Donald, R.C.D.S. '94	- - - -	Kitchener, Ont.
Dionne, Onil, Montreal '24	- - - -	Magog, P.Q.
Duprau, George Oliver, R.C.D.S. '02	- - - -	Deep River, Ont.
Eckel, Samuel, R.C.D.S. '05	- - - -	Waterloo, Ont.
Ferguson, Robert Hitchcock, R.C.D.S. '24	- - -	Ayr, Ont.
Fleming, William Andrew, R.C.D.S. '02	- - -	Alliston, Ont.
Ford, Grant Vernon Smith, Northwestern '13	- - -	Vancouver, B.C.
Fralick, Donald Alan, R.C.D.S. '20	- - -	Windsor, Ont.
Gauthier, Joseph Albert, R.C.D.S. '22	- - -	Ottawa, Ont.
Goffin, Douglas George, Toronto '42	- - -	St. Catharines, Ont.
Greenius, Arthur Wilmer, Oregon '11	- - -	Vancouver, B.C.

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Hamilton, Fred W. L., R.C.D.S. '04	-	-	-	-	Winnipeg, Man.
Hewitt, Edwin Harold, Toronto '26	-	-	-	-	Lanark, Ont.
Hobbs, Leslie Newton, Toronto '37	-	-	-	-	Sudbury, Ont.
Hocken, John Herbert, R.C.D.S. '12	-	-	-	-	Toronto, Ont.
Johnson, John Dimery, Oregon '34	-	-	-	-	Victoria, B.C.
Joynt, George, R.C.D.S. '20	-	-	-	-	Toronto, Ont.
Kemp, Stanley Whitehouse, R.C.D.S. '23	-	-	-	-	Sturgeon Falls, Ont.
Kobrinisky, Myer C., Chicago '31	-	-	-	-	Winnipeg, Man.
Lally, Joseph Vincent, R.C.D.S. '20	-	-	-	-	Cornwall, Ont.
Leonard, J. G., St. Louis '06	-	-	-	-	Saint John, N.B.
Leslie, Oliver Newton, R.C.D.S. '23	-	-	-	-	Vancouver, B.C.
Lloyd, William James Milton, R.C.D.S. '23	-	-	-	-	Toronto, Ont.
Locke, Henry Shirley, R.C.D.S. '24	-	-	-	-	Saskatoon, Sask.
Lyons, George Deir, R.C.D.S. '23	-	-	-	-	Toronto, Ont.
Macdougall, Lorne Reginald, R.C.D.S. '11	-	-	-	-	Toronto, Ont.
MacNeily, Jack Eaton, Dalhousie '57	-	-	-	-	Camp Borden, Ont.
McIntosh, Duncan Didace, R.C.D.S. '21	-	-	-	-	Alexandria, Ont.
McQuillan, Robert Cyril, Alberta '31	-	-	-	-	Edmonton, Alta.
Mess, Charles Bertram, Oregeon '23	-	-	-	-	Victoria, B.C.
Murray, Fred William, R.C.D.S. '99	-	-	-	-	Toronto, Ont.
Nefsky, Colman Henry, Toronto '39	-	-	-	-	Toronto, Ont.
Nethercott, D'Arcy Randolph, R.C.D.S. '04	-	-	-	-	Stratford, Ont.
Nicholson, George Henry Murray, Dalhousie '30	-	-	-	-	Amherst, N.S.
O'Neil, Frank H., Oregon '07	-	-	-	-	Vancouver, B.C.
Orton, Clarence John, Toronto '32	-	-	-	-	Swift Current, Sask.
Paul, George Selby, R.C.D.S. '25	-	-	-	-	Toronto, Ont.
Pollock, George, R.C.D.S. '20	-	-	-	-	Thorold, Ont.
Porter, Clark Alexander, Toronto '26	-	-	-	-	North Bay, Ont.
Ritchie, Marshall Ellsworth	-	-	-	-	Winnipeg, Man.
Rutherford, Widmer J., R.C.D.S. 1900	-	-	-	-	Vancouver, B.C.
Rutledge, William Alexander, Oregon '18	-	-	-	-	Vancouver, B.C.
Sawyer, Emerson Robert, Northwestern '04	-	-	-	-	Calgary, Alta.
Schmidt, William J., R.C.D.S. '99	-	-	-	-	Kitchener, Ont.
Sipes, Allen John, R.C.D.S. '14	-	-	-	-	Vancouver, B.C.
Sisley, Mulford Joshua, R.C.D.S. '91	-	-	-	-	Lake Milton, Ohio
Smallwood, Alfred Henry, B.C.D.S. '05	-	-	-	-	Souris, P.E.I.
Smith, Lewis Thomas Gerald, R.C.D.S. '06	-	-	-	-	Toronto, Ont.
Stirling, Lloyd Alexander, R.C.D.S. '23	-	-	-	-	Toronto, Ont.
Thomas, Percy Charles, Philadelphia '07	-	-	-	-	Vancouver, B.C.
Treleaven, Richard Lane, R.C.D.S. '24	-	-	-	-	Woodstock, Ont.

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Turner, William Abner, B.C.D.S. '12	-	-	-	-	Windsor, N.S.
Turner, William James, R.C.D.S. '22	-	-	-	-	Edmonton, Alta.
Vickar, Joseph, Oregon '49	-	-	-	-	Vancouver, B.C.
Vingo, Joseph, Oregon '43	-	-	-	-	Nelson, B.C.
Weber, George Harold, R.C.D.S. '20	-	-	-	-	Guelph, Ont.
Wood, Palmer H. B., R.C.D.S. '20	-	-	-	-	Winnipeg, Man.
Young, Frank, Oregon '28	-	-	-	-	Vancouver, B.C.

In loving memory of these colleagues, flowers will brighten our table.

*Lives of great men all remind us
We can make our lives sublime
And, departing, leave behind us
Footprints in the sands of time.*

*Footprints, that perhaps another,
Sailing o'er life's solemn main
A forlorn and shipwrecked brother,
Seeing, shall take heart again.*

*Let us then, be up and doing,
With a heart for any fate;
Still achieving, still pursuing
Learn to labour and to wait.*

—Longfellow

REPORT

1. As reported elsewhere at this meeting there has been more proposed and adopted legislation related to dentistry during the past year than has occurred in any year in Canadian history. No matter what observations may be made respecting some of these legislative actions it is to be admitted that an increasing interest is being taken by the public in dental services and the dental profession. This interest is predicated upon three main reasons:

(a) That health services are increasingly becoming an important part of the social security movement.

(b) That an increased demand for dental services exists, accelerated by government actions in the health service field.

(c) That the growth in population is out-pacing the growth of available dental services, indicated by a worsening of ratio of dentists to population.

Strange as it may appear, it matters little whether or not the demand is real or fancied, the pressure is much the same. Comparing two provinces where legislative trouble has occurred on this point, the pressure has been greater over a longer period of years in one province with one of the best ratios of dentists to population than in the other province with one of the worst ratios. The leadership of the profession is at stake and constructive effort is essential in order to meet the situation. Questions related to methodology of services, economics of practice, distribution of services and availability of personnel are all involved. Provided that the profession is prepared to give leadership toward solution there appears to be an apparent attitude of acceptance on the part of authorities.

2. During the past year the ratio of dentists to population has worsened (1959—1/2,963 to 1960—1/3,018). Prognostications do not indicate improvement of ratio even with full graduating classes from existing enlarged teaching facilities. To meet future dental needs a greater number of graduates, than now possible, will be required. As of January last there were 5,780 dentists in Canada. The increase in number during the last 5 years has been approximately 8 per cent. The increase in population during the same period has been roughly 14 per cent. For the next 5 years the predicted rate of increase of the population is over 12 per cent. The possible rate of increase for number of dentists is under 10 per cent with the present teaching facilities for dentistry in Canada.

3. These are days when lack of dental services is under severe criticism. Little is heard from public sources respecting the admirable services being delivered by the profession. In the midst of dealing with the criticism it

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is well to survey what is being accomplished. The 1958 economic survey shows with a high degree of authenticity that some 34% of the population received services. These patients, at least, received the services requested by them.

4. Note should be taken of dental services received by the public other than in private dental offices. A considerable amount of dental service is rendered by the federal services (Departments of National Defence, Veterans Affairs and National Health & Welfare). A percentage of the population receives services in hospitals. School dental services under various plans provide services. A number of plans are in operation providing services for welfare recipients. The dental school clinics provide services to a small part of the population. The operation of payment plans increases the availability of services. For the most part these expanded services have developed during the last two decades. All know that increased effort is necessary in order to provide services to meet an existing demand.

5. Nearly twenty years ago the Association adopted a policy on the proper approach in improving the dental health of the nation. This statement emphatically pointed out that from the standpoint of both improved mouth health and economics the effort should be confined largely to the younger age groups. Since that time the Association has endeavoured in all possible ways to indicate that prevention and control of dental diseases through the young children is the only feasible way to achieve dental health for the population. All kinds of proposals are being presented today and it is suggested that it is time for the attitude of the Association to be re-affirmed.

6. This gives rise to the pertinent question of what is the demand for dental services. Difficulty is found in devising a satisfactory method of assessing the demand. Need can be assessed rather accurately. Any attempt to survey the demand in today's atmosphere of the public's attitude towards all health services would be undoubtedly grossly biased. The best available indicator is the utilization of services by those groups covered in some form of dental service plan. Seldom up to the present time has over 50% of the beneficiaries in these plans made utilization of the offered services in any one year. Indeed the utilization is much lower in many cases. True, the use made of the services depends considerably on the type of participants covered by the plan.

7. In order to meet current demand, the development of plans for dental services is a necessity. These plans will undoubtedly vary in meeting specific situations. In addition plans which are instituted will require alteration in the light of experience. This activity is probably the most difficult problem facing the profession. Plans of any kind cannot possibly succeed without the co-operation of practising dentists, the most vital part of any plan. The future of Canadian dentistry depends greatly on success in achieving acceptable service plans for both the recipient of the services and the

dentist rendering the services. In view of developments in the health service field this matter cannot be over-emphasized. With co-operation even a poorly-conceived plan can succeed; without co-operation the best possible plan will fail.

8. Of recent date specific action has taken place in one province toward the introduction of some form of compulsory medical treatment services. Repeatedly during the campaign for public support of the measure statement was made that dental treatment services would follow as soon as medical services were in operation. This trend has been foreseen and stated on many occasions over the years. The type of administration to be inaugurated is not known as yet. In all these schemes administration is the important thing, a point not realized by most dentists. Administration determines the quality, quantity and type of service to be rendered in all treatment schemes. The working conditions for those rendering the services are also determined by the administration.

9. To iterate a statement made in this report last year, it is not possible to delegate professional responsibility in the work of organized dentistry. To be effective the elected and appointed officials representing the profession must take up their allotted duties. A hired man attempting to perform duties rightly belonging to officials of a dental organization causes resentment in authoritative quarters and this point has been brought to our attention. All organizations representative of the dental profession should use care in defining duties of officials and with certainty officials should be made acquainted with the duties assumed.

10. Dentistry at the international level needs emphasis. Since the last Annual Meeting a number of meetings, international in character, have been held. Past President Racey and the Secretary represented the International Dental Federation at the meeting of the World Medical Association in Montreal last fall. Here we found discussion of kindred problems related to the introduction of health schemes in various countries. The key-note speaker referred to the responsibility of the professions for promoting peace. Further he stated that "the medical profession must resist measures attempting to supply medical care which would put quantity before quality causing deterioration in medicine".

11. Two meetings of the International Dental Federation have occurred since this Association last met. Last September the Federation joined with the American Dental Association in its centennary celebration at New York which was the largest meeting of dentists ever held. Last June the Annual Meeting of the Federation was held in Dublin. Both these meetings were well attended, there being some 59 countries represented at New York and approximately 30 countries with delegates in attendance at Dublin. A forum is offered at these meetings for the gathering of information related to all phases of dentistry at the widest level. The devotion of the repre-

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sentatives at these meetings towards the improvement of dentistry is most commendable. Canadian dentistry has gradually taken an increasing position of importance in international dentistry, which is necessary in a smaller world.

12. International activity in dentistry is not a far away affair as some may suppose. As an illustration it was a recent article in the Journal of the Canadian Dental Association that commanded attention at the Dublin meeting. Also as an outcome of a world-wide study of technicians it was the policy of the C.D.A. on technicians which was adopted, with slight amendment, as international policy. These points are stated to illustrate that Canadian dentistry has not only an obligation but can also have a part in making contribution.

13. Geriatrics has become a subject of increased importance in all branches of health. Owing to advances made in the treatment of diseases this sector of the population is increasing in numbers very rapidly. Particular health problems arise among this age group in dentistry as well as the other health sciences. It is becoming increasingly necessary that the dental profession lend more emphasis both in training and practice to the care of older citizens.

14. A new system for the production and distribution of factual subject matter has been adopted. In the main this will apply to information produced by the Bureau of Economic Research. The information will be published initially in the Journal after which reprints will be distributed in uniform size. The filing of these reports should provide an authentic source of information. Too often unauthentic statements respecting dentistry and the dental profession appear and it is sought to remedy this situation.

15. At the last Annual Meeting Dr. J. Stanley Bagnall was appointed Archivist for the purpose of compiling historical facts. This work is proceeding at a rapid pace with some 460 pages with index prepared. This work is preparatory to the actual writing of a history at some future date.

16. Pursuant to the action taken at the 1958 Annual Meeting in negating official actions previous to 1950, the Deputy Secretary has undertaken to compile an index of the Association's official actions. It is proposed to publish the index in the near future which will form a ready reference to the annual Transactions.

17. The enthusiasm of the officers, the committee chairmen and the membership is reflected among the headquarters staff. In turn it is hoped that the enthusiastic endeavour of the staff has its effect upon the profession at large. On behalf of the staff I express their appreciation for the splendid spirit of co-operation which has been exhibited during the year.

COMMENT AND ACTION

1. We concur.
- 2, 3, 4. Informative.
5. Reaffirmation of C.D.A. policy on the proper approach in improving the dental health of the nation:

"In Canada with the low dentist to population ratio and the high percentage of people suffering from dental disease, it is impossible at present to offer comprehensive dental care to all segments of the population. To initiate a program of restorative services for people of all ages would not result in good dental health for the present population and would actually prevent the realization of this objective for the future generation.

Therefore, the first aim of any dental services plan introduced in this country must be to preserve the state of good dental health with which the normal child is born. Through a positive program of preventive care for the youngest age groups combined with sound public health measures and intensive dental education for the child and his parents, a generation of Canadians with healthy mouths and the knowledge necessary to maintain that health becomes at last an attainable goal.

The extension of coverage to older persons can be made only when it is evident that this can be done at no sacrifice to the care required by the youngest members of the population."

- 6 - 9. Informative.
- 10, 11. Noted.
12. Noted with satisfaction.
13. Agreed.
14. Noted with approval.
15. Noted with interest.
16. We commend the action of the executive.
17. We heartily concur.

We recommend the adoption of the Secretary's report.

APPROVED

MEMBERS: W. G. McIntosh, *Chairman, Toronto, Ont.*; J. P. Whyte, *Swift Current, Sask.*; G. M. Dewis, *Halifax, N.S.*; R. Langlois, *Quebec, P.Q.*; J. Zimmerman, *Calgary, Alta.*; W. Miller, *Vancouver, B.C.*; M. V. J. Keenan, *Sudbury, Ont.*

REPORT

Executive Meetings

1. Due to the many items of Association business which have developed in the fifteen month period since the last Annual Meeting, your Executive Committee has found it necessary to convene on four different occasions. In addition several mail votes were necessary for disposition of urgent matters.

Visitations of President and Secretary

2. The details of this tour have been reviewed by the Executive. In addition to the formal presentations to dental societies the visitors were frequently asked to give press interviews and to make radio and T.V. appearances. In most instances there was no forewarning in connection with these appearances. Since this type of presentation can be very important in establishing good public relations, the Executive was of the opinion that it was in the best interests of the profession to give the visitors as much notice of this type of presentation as possible.

Fluoridation Brief

3. The Executive directed that the President should prepare a brief on fluoridation, outlining the CDA position in this regard, for submission to the Ontario Fluoridation Investigating Committee. The brief was prepared with the help of the Secretary and submitted as directed. A copy appears in Appendix A. At the time of writing this report, no statement from the Fluoridation Committee has been made public.

1959 Convention — Halifax

4. Dean J. D. McLean, general Chairman of the 1959 Convention, submitted his final report. It was received with much commendation for an excellent meeting. Suggestions for future conventions, contained in Dean McLean's report, are being considered for inclusion in the CDA Convention Manual.

Finance

5. (a) The auditors' statement for 1959 was approved.
(b) The firm of Thorne, Mulholland, Howson and McPherson was appointed auditors for 1960.

(c) The Executive reaffirmed its stand that the finance committee should limit its purchase of bonds to those most suited to trust funds; namely those issues guaranteed by provincial or federal governments.

(d) The budget for 1961 was approved for presentation to the Board of Governors.

(e) The response of the corporate members to the Association's request for increased per capita grants will be reported in detail elsewhere. The Executive Committee however wishes to express appreciation, and to extend compliments, to those members who have made it possible to further the objectives of the Association by co-operating in this manner.

Association Objectives

6. A critical situation exists in Canada in respect to supplying dental services to the public. Your Executive, believing that it is the proper responsibility of a health profession to provide health services to the public, has given this matter very serious consideration. It has been further motivated to study the problem carefully because of

(a) certain legislative actions pertaining to the practice of dentistry.

(b) demands of unethical dental technicians to work directly for the public—demands which these technicians vindicate largely on the present inadequate supply of dental services.

(c) the many hundreds of requests from Canadian citizens, that are continually being received by federal and provincial health officers, and by dental organizations, to provide dental services.

Having considered the circumstances the Executive is firmly of the opinion that the CDA should give the leadership in attempting to find proper solutions. Further, it believes that a definitely stated policy in respect to proposed future activities would be of great value and would assist in uniting and strengthening the efforts of individual dental organizations towards our common objective of more good dental service for more people.

7. Accordingly a proposed CDA policy statement for a projection of dental services in Canada has been prepared and is submitted for this Board's approval. See Appendix B. (Appendix B was read.)

Associate Membership

8. As directed at the last Annual Meeting ('59 Transactions p. 74 item 7) regulations governing associate membership have been prepared. See Appendix C for the regulations and Appendix C1 for the application form.

Substitution for the President

9. It was agreed that when it is impossible for the President to accept official invitations to meetings then, if practicable, another CDA represent-

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ative should attend. Appendix D sets out an order of precedence for the President to follow in appointing his representative.

Report of the 1960 Convention Committee

10. This report was presented by the Convention Chairman, Dr. J. P. Coupland of Ottawa. It was approved and the chairman along with his committee was complimented for the excellent arrangements.

Future Conventions

11. (a) The appointment of Dr. L. F. Marshall of Vancouver as the general chairman for the 1962 convention in Vancouver was confirmed.

(b) The appointment of Dr. D. R. Stewart of Edmonton as the general chairman for the 1964 convention in Edmonton was confirmed.

(c) It was decided that regulations should be stipulated in regard to those individuals who are, or are not, subject to convention registration fee. The rules approved appear in Appendix E.

(d) It is recommended that the printed program of the Annual Meeting of the CDA include the meetings of the Board of Governors and pertinent information pertaining to these meetings.

(e) Approval was given to the following motion—"that until such time as it has been proved that sweet carbonated beverages are not harmful to teeth, the policy of the CDA be to refrain from including them as exhibits at CDA Annual Meetings."

(f) The confirmed locations for future annual meetings appear in Appendix F.

(g) An advance of \$250 was authorized for each CDA Convention Committee in place of the present advance of \$100.

Secretaries' Conference

12. The Secretaries' Conference which was held for the first time this year seemed so successful from the standpoint of establishing a general understanding between corporate members that the Executive recommends that it be held annually under the same financial arrangements as prevailed at the first conference.

Bureau of Public Information

13. There appears to be need for a central office for gathering and preparation of information pertinent to dentistry and from which suitable educational and informative material can be distributed where and when indicated. To meet this need a Bureau of Public Information was established at headquarters with our Deputy Secretary appointed as Director of this bureau.

Bureau of Economic Research

14. As the economics and statistics of dental practice are today highly specialized aspects of dentistry, it was considered advisable to establish a separate Bureau of Economic Research with Miss Boyd, our economist, the Director.

Public Relations

15. After careful consideration, it is the opinion of the Executive that public relations is not properly a committee activity. This is in no way intended as criticism of the efforts of the Public Relations Committee. Rather, the accumulation and distribution of factual information pertinent to dentistry has become and should be, a major part of our Association's function. A continuing task of this magnitude is beyond the scope of regular committee activity and therefore it is recommended that the Public Relations Committee be dissolved and that its duties be taken over by the Bureau of Public Information. It is further recommended that advisors be appointed by the Executive to assist the Director of the Bureau of Public Information in carrying out these duties.

Commission on Dentistry

16. As directed at the last Annual Meeting (1959 Transactions p. 14 item 6) the feasibility of requesting a Commission on Dentistry was studied. As a result of this study it was decided to delay further action in this direction.

Amendment to Constitution

17. On the authority of item 4 p. 12 of 1959 Transactions, the advice of the CDA solicitor was requested regarding a possible amendment to our constitution to permit the CDA to assume responsibility for the promotion of the interests of its members and to act in their behalf in such promotion. The solicitor's reply appears as Appendix G and on its recommendation no further action was taken.

Representation at meetings outside Canada

18. An increasing number of invitations are being received to have the CDA officially represented at national and international meetings outside Canada. While most of these invitations have been refused the following representations were made since the last Annual Meeting.

- (a) Secretary at the dental centennial celebrations of the Royal College of Surgeons of England, July 1959.
- (b) President and Secretary at the ADA Centennial meeting in New York, September 1959.
- (c) Secretary at the FDI annual meeting in New York, September 1959.

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(d) President at the Inter-American Odontologic Confederation in New York, September 1959.

(e) Secretary at the Mexican National Dental Convention at Acapulco, May, 1960.

(g) President at the Swedish Dental Society's Centennial Congress in Stockholm, August 1960.

Inter-American Odontologic Confederation

19. This organization has been formed of dental associations in the Western Hemisphere at the instigation of the Mexican Dental Association. The New York meeting was primarily a meeting of organizing committees. The constitution and by-laws are to be adopted at the next annual meeting which is to be held in Cuba in October 1960. The CDA agreed to participate in the preliminary organization of this Confederation and appointed Dr. George Dewis as the CDA representative to the Committee on International Relations of that organization. No commitments were made for future participation.

War Memorial Award

20. The recommendation of the War Memorial Award Committee for the title for the 1960-61 essay was approved. The selected title is "An Appraisal of Antibiotic Therapy in Dentistry".

Submitted Resolutions

21. At the last Annual Meeting instruction was given to the Executive to seek legal opinion on the matter of submitted resolutions. (1959 Transactions p. 200). Because of the importance of this item to this Board's proceedings, the solicitor's reply, included in a letter dated September 3, 1959 to Dr. Gullett, is quoted in full.

"If a submitted resolution is submitted directly by the corporate member to the Board for its consideration, the only person who can properly amend or withdraw the resolution is the association which passed and submitted it, unless, of course, the resolution itself confers authority on a designated agent (e.g. its nominee on the Board of Governors) to withdraw or amend, as the case may be.

If a submitted resolution is presented by a governor, the resolution can properly be withdrawn by the governor because he is the agency by which the resolution has been submitted to the Board. On the other hand, he has no power to amend the resolution which is not his act but the act of his association, unless, of course, the power to amend is reserved to him by the resolution.

The Board of Governors is not bound to take any action upon any

submitted resolution and may defer indefinitely consideration of any submitted resolution if this is the wish of a majority of the Board". This reply was sent to the secretaries of the corporate members.

Past Presidents' Breakfast Meeting

22. The report of the Past Presidents' meeting under the chairmanship of Dr. A. Gerald Racey was received. The observations contained in this report were carefully studied by the Executive and are appreciated.

CDA Pension-Assurance Plan, Hospitalization Groups and Retirement Savings Plan

23. Mr. J. T. Staddon, administrator of these plans, presented a concise report on the year's activities. It appears as Appendix H. Mr. Staddon was commended for his fine report and his continuing efforts on our behalf.

Pension Plan for Dental Nurses and Assistants

24. The Royal College of Dental Surgeons of Ontario made inquiry as to the possibility of including the dental nurses and assistants in the CDA pension plan. Mr. Staddon, the administrator of the CDA plan was questioned and his reply appears as Appendix I.

Financial Aid from Commercial Sources

25. Item 4, p. 26 1959 Transactions directed that a policy in respect to the acceptance of financial assistance from commercial sources be developed. Appendix J contains the policy approved by the Executive.

FDI Meeting 1959

26. The Secretary's report on the 1959 Annual Meeting of the FDI at New York was received. Because it contains a concise statement on several important aspects of FDI activities that are of interest to the CDA, it is included in this report as Appendix K.

Installing officer

27. Dr. Harvey Reid, Past President, was appointed installing officer for the 1960 annual Association meeting.

Honorary Membership

28. Dr. Felix A. French of Ottawa is proposed for honorary membership.

CDA - ADA Conference

29. The Board of Trustees of the American Dental Association initiated

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discussions which led to an executive level conference between representatives of the CDA and ADA. The conference was held in Toronto on May 6 and 7 of 1960, a first in the history of organized dentistry on this continent. Both associations were of the opinion that an understanding of all mutual problems in our countries is of the essence in developing appropriate plans for the future. Accordingly an agenda agreed to by both associations was prepared, and was carefully and frankly discussed by the 16 Canadians and 33 Americans present. Attendance at the conference was by agreement limited to members of the Executive Committee of the CDA, members of the Board of Trustees of the ADA, chairmen of committees with special interest in the topics included on the agenda and headquarters staff of both organizations.

30. Discussions covered a wide range of topics relative to improving dental service to the public. The broad subject of dental auxiliaries was however the main item on the agenda.

Many letters conveying favourable comment on the value of this meeting have been received at CDA headquarters from those who attended. In almost every instance the hope was expressed that this type of meeting would be repeated in the very near future.

31. A special dental press news release was drawn up and approved for publication during the conference. This release appeared in the June, 1960 issue of our Journal, p. 354-355, and is therefore not repeated in this report. A brief summary of the areas of agreement arising from the general discussions is however included and appears as Appendix L.

Revision of By-Laws

32. This Board has previously agreed that our present by-laws are in need of revision. Simplification, modernization in accord with present practices, and elimination of irregularities are the main reasons for this revision.

33. With the exception of the revised terms of reference dealing with the Public Relations Committee which the Executive believes should be omitted (see Section 15 above) both the By-Laws and Executive Committees have carefully studied, reviewed and approved the by-laws as they will be presented to you by the By-Laws Committee. A number of significant changes have been recommended and as these regulations constitute the framework on which our Association functions, your attentive consideration is solicited.

Editor

34. At the request of the Publications Committee the position of Editor of the CDA Journal was reviewed. It was agreed that it would be most desirable to have the Journal progress beyond its present fine status and fulfill an even greater role in the activities of our Association. It was further

agreed in line with Dr. Bilkey's recommendation, that in order to accomplish these objectives it would be necessary to have a full time editor.

35. The Executive therefore approved in principle the establishment of a full-time editorship for the CDA Journal and a contractual basis on which this editorship could be negotiated.

36. The Executive also recorded its regrets that Dr. Bilkey has found it necessary to relinquish his association with the Journal, and expressed its gratitude to him for his many fine editorial contributions.

Television filmlets

37. At the request of the Public Relations Committee the Executive studied the possibility of using sixty-second T.V. filmlets as a medium for enhancing the public's image of the dental profession. As a result, it authorized the Bureau of Public Information to undertake the production of three sixty-second filmlets supported by a budget of \$5,000.

38. Since ways and means of bringing the right kind of dental information to the public is a most timely topic and of great concern to the whole profession a further explanation of the Executive's action in this connection is included for your information in Appendix M.

Double payment of annual fee

39. It was brought to the attention of the Executive that a few dentists live in border towns and practice in two provinces at the same time. These dentists pay twice for CDA membership via two provincial licences. Therefore it was decided that whenever a member of the CDA has conducted practice in two provinces at the same time for a period of two years or more and is required to pay the annual fees of two corporate members, then that part of the annual fee of one of the corporate members considered to be the grant to the CDA be rebated to the individual member.

FDI Congress — 1962

40. Previous CDA group tours arranged and conducted by Dr. Gullett to FDI quinquennial congresses have been so popular and so successful that already many inquiries have been received in connection with a similar tour to the 1962 Congress in Cologne, Germany.

41. The Executive authorized Dr. Gullett to proceed at his own discretion in organizing a group tour to Cologne following the established pattern.

Library Trustee

42. Dr. E. R. Bilkey was appointed as a Library Trustee to replace Dr. Howard Graham of Toronto, who has indicated his desire to retire.

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Canadian Conference on Education

43. The Canadian Conference on Education is supported by commercial and industrial firms; it reviews all aspects of education with the intent of bringing about improvement; at the first conference in 1960 approximately 46 Canadian organizations were represented along with many other observers.
44. The Canadian Dental Association has been invited to become a member organization and to take part in the next conference which will be held in 1962.
45. CDA participation in the Canadian Conference on Education was approved and the invitation accepted.

Special Research Grant — request from B. C.

46. A special request of \$1,000 to assist in supporting a time-study project, undertaken by a commerce student at the University of B.C., was received from the British Columbia Dental Association. The Executive approved the following pertinent motion:

THAT in view of the fact that the time-study to be conducted in the province of B.C. will act as a pilot study for the whole of Canada, and is being planned in co-operation with the CDA Bureau of Economic Research, and is supported by the recommendation of the Health Insurance Studies Committee, the CDA grant the sum of \$1,000 to the B.C. Dental Association to defray part of the expenses of this study.

Summary of recommendations

47. Your Executive Committee recommends that
 - (1) advance notices be given to the President and Secretary when it is anticipated that they will be invited to give television and radio appearances during the visitation tours.
 - (2) the policy statement for projection of dental services in Canada (Appendix B) be approved.
 - (3) when the President is unable to accept official invitations another CDA representative will be appointed by him.
 - (4) a regulation be established to govern eligibility for convention registration fees. (Appendix E)
 - (5) future printed programs of CDA Annual Meetings contain notices of the Board of Governors' meetings.
 - (6) the manufacturers of sweet carbonated beverages be refused the privilege of exhibiting these products at CDA annual meetings until such time as it has been shown that they are not harmful to the teeth.

- (7) the Secretaries' Conference be held annually under the same financial arrangements as prevailed at the first conference.
- (8) the Board approve the establishment of the Bureau of Public Information.
- (9) the Board approve the establishment of the Bureau of Economic Research.
- (10) the Public Relations Committee be dissolved.
- (11) duties of the Public Relations Committees be assumed by the Bureau of Public Information.
- (12) advisors may be appointed by the Executive to assist the Director of the Bureau of Public Information.
- (13) the proposed policy in respect to acceptance of financial assistance from commercial sources (Appendix J) be approved.
- (14) Dr. Felix A. French be approved for honorary membership in the CDA.
- (15) the editorship of the Journal of the CDA be a full time appointment.
- (16) the Bureau of Public Information be authorized to arrange for production of three sixty-second T.V. filmlets on a budget of \$5,000.
- (17) the Secretary be authorized to refund the amount of one individual member's annual grant to the CDA, to a dentist who has for two years or more conducted practices in two provinces at the same time and is thereby paying twice for CDA membership via two provincial licences.
- (18) the Secretary be authorized to arrange for a CDA tour to the FDI Congress in Cologne in 1962.
- (19) the CDA lend its support and co-operation to the Canadian Conference on Education.
- (20) the CDA financially assist the British Columbia Dental Association, to the extent of \$1,000, to defray expenses relative to a time-study project which has national implications.

To Members of Ontario Fluoridation Investigating Committee

The Canadian Dental Association, which has as its main goal the prevention of oral disease and the promotion of oral health in the interest of the health and welfare of the public, is vitally concerned with methods of preventing dental disease. It has therefore requested permission to submit to the Ontario Fluoridation Investigating Committee the following brief in support of fluoridation of communal water supplies.

This submission does not include a review of the voluminous scientific studies and reports on the subject of water fluoridation. The Canadian Dental Association is aware that such a detailed report has been carefully prepared and presented under the title of "Dental Health and Fluorides", by members of the division of dental research, Faculty of Dentistry, University of Toronto. The purpose of this presentation is to stress some of the basic principles that should be carefully considered in a review of this whole subject.

Dental caries is one of the most prevalent and widespread diseases. Its control and prevention present one of the largest public health problems in Ontario and across Canada. Almost one hundred per cent of our population suffers from decayed teeth and the numerous consequences such as pain, infection, impairment of function, loss of teeth, disfigurement, diseases of the supporting tissues about the teeth, and systemic disturbances, which result from uncontrolled dental caries. At the present time only about one third of our population receives adequate dental care and this fraction is being consistently reduced as our population increases and the lesions in the teeth develop at a faster rate than the dental profession can repair them. There is no hope of controlling dental caries by present treatment methods alone.

Preventive measures are therefore necessary if the dental health of the public is to be improved. Of the numerous preventive methods which may be used, fluoridation of communal water supplies is the most promising. The addition of fluorides to the recommended concentration in community water supplies has been proven to be an effective, safe and practical method of preventing dental decay.

There is no evidence that fluoridation of water supplies, to the recommended concentrations, is accompanied by any ill effects to the consumer. The proven beneficial effects in the prevention of dental caries and its consequences, are very significant and favourably affect the majority of children in the community. Because the great majority of children who reside in communities where the water is fluoridated to the recommended level, have approximately two thirds *less* dental caries than children residing in areas where the water supplies had insignificant amounts of fluoride,

and because there are no ill effects to any age group, the Canadian Dental Association enthusiastically recommends this efficient, economical, public health measure, which is free of hazard.

As a public health measure within a community it has not only proven to be beneficial and safe but also in the best interests of the majority of residents. The beneficial results amount to far more than the two-thirds reduction of dental caries in children. The additional sound teeth which are retained because of fluoridation will ultimately prevent a large proportion of the pain, infection, impairment of function, disfigurement, diseases of the supporting tissues around the teeth and systemic complications which would otherwise develop in the adult age groups. These lifelong benefits to the majority of people far outweigh any objections which might be raised on purely technical or emotional grounds.

Well controlled fluoridation studies have been in progress for as much as thirty years and have been conducted under the widest variety of conditions. As a result, fluoridation of communal water supplies has become one of the most widely and carefully tested public health measures that has ever been available to the public. No other public health preventive measure has had, prior to its general acceptance by the public, as much scientific verification as has fluoridation. Scientific organizations around the world and including the World Health Organization have approved and recommended this procedure as being safe, effective and practical.

For the above reasons the Canadian Dental Association respectfully submits to the Fluoridation Investigating Committee the following resolution, which represents the official position of the Association:

WHEREAS tooth decay, by affecting the vast majority of people in Canada, has come to be recognized as one of the major public health problems of our time, and

WHEREAS studies covering a period of over thirty years under the widest variety of controlled conditions have marked fluoridation as one of the most widely studied of public health procedures, and

WHEREAS such studies reveal that fluoride in the recommended amount of one part of fluoride to one million parts of water is safe from any ill effect and is effective in reducing tooth decay by approximately two-thirds, and

WHEREAS fluoridation benefits children and the benefits extend into adult life, therefore be it

RESOLVED that the Canadian Dental Association reiterates its recommendation to the people of Canada that communities having a public water supply adopt a procedure for adjusting the fluoride content of their water supply to a level considered optimal for the

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maximum prevention of dental decay, and for this purpose seek competent dental, medical and engineering advice.

WM. G. McINTOSH, D.D.S.
President

DON W. GULLETT, D.D.S.
Secretary

March 11, 1960

Appendix B

POLICY STATEMENT PROJECTION OF DENTAL SERVICES IN CANADA

1. Introduction

- (1) At present only about 1/3 of the people of Canada are receiving dental care, including emergent services, during a one year period.
- (2) The profession's present inability to serve more than this fraction of the population does present a serious problem.
- (3) Indications are that a solution to this problem is going to be found—if not by dentistry, by governments or other agencies.
- (4) The eventual dental service will be a better service if the dental profession cooperates in its planning and retains the administrative control.
- (5) It appears most unlikely that this problem can be solved by a continuation of present methods. Qualified dentists are not being graduated in sufficient numbers to meet the needs or the demands of a rapidly increasing population.
- (6) Recent attempts on the part of local and provincial dental organizations to offset specific pressures with uncoordinated efforts have been helpful, but have in most instances placed the profession in a defensive position. These uncoordinated efforts have thus far failed to provide much improvement in service to the public, and the defensive position of the profession does not contribute to good public relations.
- (7) It therefore seems highly desirable that a well-defined policy for projected dental services to the public be established by the C.D.A. towards which all future efforts be directed.
- (8) The sooner such a policy can be adopted and put into operation the more expedient it will be for both the public and the profession.

2. Main objective of new policy

To meet the demands of the public for dental services, by providing more good dental service to more people at a cost that is within the public's ability to pay.

3. Definition of Policy

In the interests of accomplishing the above objective, the C.D.A. subscribes to the following principles and actions:

- (1) Provision of up to date statistics on dental service needs and demands in Canada.
- (2) Active research programs particularly in the preventive aspects of dentistry.
- (3) Widespread application of proven preventive measures.
- (4) Additional training facilities for dentists and dental auxiliaries.
- (5) Active recruitment programs for dentists and dental auxiliaries.
- (6) Increase the number of dental auxiliaries and expand the services they are legally permitted to render.
- (7) Arrange for the establishment of prepaid dental service programs operated by the profession and available to low income groups and welfare recipients.

4. Supporting Statements

- (1) Current statistical information on dental service needs and demands are necessary for the efficient planning of any service program.
- (2) The application of proven preventive measures discovered through research will greatly reduce dental needs.
- (3) Properly qualified and recognized dental auxiliaries could be trained to render a broader scope of service than that presently recommended.

The training of these new auxiliaries must be at the direction of the dental profession and should be given at a recognized dental school.

The services that these auxiliaries are qualified to render must be included in the prescribed teaching program, and must be under the direct supervision of a qualified dentist.

These services must not include those operations requiring the scientific knowledge of the fully-qualified dentist (e.g. case assessment, treatment planning, cutting or severing of hard and soft tissues, the administration of drugs, the making of prescriptions) but should include many of the technical operations and techni-

cal parts of operations for which purpose auxiliary personnel has been adequately trained.

The licensed dentist must retain full responsibility for the patient's welfare.

- (4) Pre-paid dental programs administered by the profession would help meet the demands of large business organizations, unions, governments and low income groups for total health insurance programs on a pre-paid basis.
- (5) A clearly-defined policy should give direction to the activities of individual dentists and dental organizations across Canada. The resulting unity of effort would add strength to the whole dental profession.
- (6) A clearly-defined policy would allow the C.D.A. to give more explicit directions to provincial or local dental organizations when these groups ask for advice in overcoming dental problems.
- (7) A policy, as outlined, would be an important step in improving the profession's public relations.

5. Implementation

It is recognized that it may not be immediately possible to completely implement each of the provisions of the suggested policy. However after the adoption of this proposed policy by the C.D.A., the following initial steps should be implemented as soon as possible.

- (1) Gather, compile and analyze statistical data which will provide an accurate measure of the dental needs and demands of the people across Canada.
- (2) Increase our support for the training of research personnel and particularly encourage research in the preventive aspects of dentistry.
- (3) Consistently promote fluoridation of communal water supplies and other proven preventive measures.
- (4) Revise the C.D.A. policy statement on auxiliary personnel.
- (5) Request the Council on Dental Education to study and recommend training programs for all dental auxiliaries. The expansion of auxiliary services suggested in this new policy is likely to require a coordinated effort of both undergraduate dental training, and auxiliary training, programs.
- (6) Encourage the continued expansion of training facilities for dental students and dental auxiliaries.
- (7) Encourage recruitment of dental students and dental auxiliaries.
- (8) Encourage the provincial corporate members in all provinces to introduce the necessary legislation to permit the services of quali-

fied and recognized auxiliary personnel under professional supervision.

- (9) Establish pilot study programs to include the training of these new dental auxiliaries and the practical application of their supervised services.
- (10) Study and institute more professionally-operated prepayment dental health plans, particularly for low income groups and welfare recipients.
- (11) Investigate and if possible establish a fund to be used as bursaries or loans to dental students, to assist in acquiring a dental education in return for which the recipient graduate is encouraged to spend a specific period of time in a locality designated by the profession.

It is further suggested that each year the Executive Committee review the progress being made in each area of activity, report this progress to the Board of Governors and make recommendations, according to future developments, that will expedite the attainment of the fundamental objective.

Appendix C

ASSOCIATE MEMBERS

1. The Executive will consider the following as eligible for associate membership:
 - (a) Individual members of the Canadian Dental Association who have retired from practice.
 - (b) Applicants who are members in good standing of other national dental associations.
 - (c) Applicants other than members of the dental profession who have made or are making a worthy contribution to dentistry.
 - (d) Applicants who may be considered worthy of recognition and considered as a credit to the Association.
2. In the case of applicants under classifications 1 (a) and 1 (b) above membership shall be automatic upon receiving completed application form accompanied by the proper fee unless some protest is lodged.
3. In the case of applicants under classifications 1 (c) and 1 (d) the applications shall be presented for action at a regular meeting of the Executive.
4. The fee for Associate Membership shall be \$8.00 payable on January 1st each year.

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5. If the fee is not paid on or before March 31st by any Associate Member, that member's name shall be deleted from the list.
6. All applications for Associate Membership shall be made upon the official form provided for that purpose.

Appendix C1

APPLICATION FOR ASSOCIATE MEMBERSHIP CANADIAN DENTAL ASSOCIATION

Name
 surname given names

Address

Place of Birth

Date of Birth
day month year

Dental School (s) attended years.....

Year of Graduation

Location (s) of practice years.....

Specialty (if any)

Positions held (in dentistry) years.....

Membership held in dental organizations

I hereby apply for Associate Membership in the Canadian Dental Association and enclose my cheque for \$8.00 covering the fee for the current year.

Signature:

Appendix D

SUBSTITUTION FOR THE PRESIDENT

1. As provided in the by-laws (Clause V) the President-elect shall assist the President in the performance of his duties in the absence of the President.

2. In representing the Association on various occasions, where the President finds it inconvenient to attend, the President shall appoint his representative taking into consideration in making an appropriate selection the following order of precedence:
 - (a) President-elect
 - (b) A member of the Executive
 - (c) A member of the Board
 - (d) A Committee Chairman or Past President

Appendix E

**Rules
Respecting
Convention Registration Fee**

1. The following will pay the registration fee:
 - (a) Individual members of the Association
 - (b) Associate members of the Association
 - (c) Members of National associations other than the Canadian Dental Association.
 - (d) Table clinicians
2. The following will be registered without payment of fee:
 - (a) Honorary Members of the Association
 - (b) Official Representatives of other national associations.
 - (c) Essayists and group clinicians
 - (d) Officially invited guests.
3. Registration without meals:
 - (a) Undergraduate dental students
 - (b) C.D.A. Headquarters staff

Appendix F

LOCATIONS OF ANNUAL MEETINGS

1945 Winnipeg	1953 Montreal
1946 Toronto	1954 St. Andrews
1947 Digby	1955 Toronto
1948 Murray Bay	1956 Banff
1949 Saskatoon	1957 Winnipeg
1950 Toronto	1958 Montreal
1951 Ottawa	1959 Halifax
1952 Vancouver	

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Confirmed future locations

1960	Ottawa	Sept. 21-24	25-28
1961	Saskatoon	May 31-June 3	4-7
1962	Vancouver	May 30-June 2	3-6
1963	Toronto	May 15-18	19-22
1964	Edmonton	June 24-27	28-July 1
1965	Quebec City	May 26-29	30-June 2
1966			
1967	Toronto		
1968			
1969	Winnipeg (tentative)		

Appendix G

Dear Dr. Gullett:

This will confirm the opinion expressed in the discussions between yourself and the writer with respect to the proposed amendment to the Canadian Dental Association Constitution.

As was pointed out, it is the writer's opinion that there would be little difficulty in obtaining the proposed constitutional amendment but that it would fail to accomplish the purpose you have in mind.

As is indicated in the extract from 1959 C.D.A. Transactions, which is quoted in your letter, under the Industrial Relations and Disputes Act, employees may be represented by unions for collective bargaining purposes, but members of the dental profession (along with members of other designated professions) employed in that capacity are excluded from the provisions of the Act. The professional engineers are also excluded, and, apparently anticipating that some effort would be made to have the professional exclusion altered, recently invited the Dental Association to request that no such change be made.

Under the Industrial Relations and Disputes Act, the only unit which can become a bargaining agent for employees is a "trade union". "Trade union" is defined as an organization of employees formed for the purpose of regulating relations between employers and employees. We presume that the group of employees which is of concern is municipal, governmental and institutional dental employees rather than what we assume to be a substantially larger group of dentists who are employed by other dentists. Even if the suggested constitutional amendment were to be made (particularly in the general language proposed), we have grave doubts whether C.D.A. could be or would be considered as coming within the definition of trade union.

The pertinent amendment to the Canadian Medical Association Act

includes among the objects of the Association "to promote the interests of the members of the Association and to act on their behalf in the promotion thereof". With the greatest respect, we do not think that the inclusion of a similar clause in the C.D.A. charter would effectively add to the powers which the Association now possesses, which include "to maintain . . . the interests of the dental profession and to have cognizance of and safeguard the common interests of the members of the dental profession and to all further or other lawful acts and things as are incidental or conducive to the attainment of the above objects".

If the Association still deems that the suggested amendments be sought, we would be glad to institute the necessary action, but we respectfully suggest that the matter be given further consideration in view of the opinion expressed above.

Yours truly,
Gordon D. Watson.

GDW/c

Appendix H

EIGHTH ANNUAL REPORT PENSION-ASSURANCE PLAN RETIREMENT SAVINGS PLAN

Once again I express my thanks for the opportunity of presenting my report to you personally as I sincerely believe that the opportunity for you to question me on any aspect of our operations is most important when we are seeking your endorsement of what we have to offer. Also it provides some members of the Executive with perhaps the only direct contact with these Plans from year to year.

The basic principle upon which we have worked has been the idea that with the economy of operation which Association recommendation should bring, savings can be passed along to the individual applicants. Savings by way of reduced premiums have certainly been passed on to the membership, and to the best of my knowledge, our rate tables are superior to those of any other company operating in Canada. Yet it is reasonable to assume that the bulk of Life Assurance bought by members of the profession is still being obtained outside the C.D.A. Plan. I have said it before, but obviously it cannot be stressed too strongly, that purchasing one's Life Assurance and Pension requirements through the C.D.A. Plan can save members several thousands of dollars.

I would not be honest if I did not say that those directly connected with the National Headquarters of the Association have made every effort to impress upon the membership the very tangible advantages of what is

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offered. However, I have always felt, perhaps incorrectly, that at provincial and local association levels, the same enthusiasm was absent. It was therefore with some pleasure that I learned that it was proposed to hold an annual meeting of Provincial Secretaries. Unfortunately on the occasion of the first meeting last January, I had to make a trip to England. If I am favoured with an invitation to attend some of the future meetings I feel this will go a long way to overcoming whatever apathy might exist.

The following comments are given in relation to each main aspect of the Plans administered, and unlike previous years in which I have made the report, very little of any consequence affected our operations during 1959.

C.D.A. PENSION-ASSURANCE PLAN

Steady progress was maintained in both Life Assurance and Sickness and Accident sections, resulting in one of the best all-round years we have had. There is little that can be added to the information given in the statistics at the end of this report.

C.D.A. HOSPITALIZATION GROUPS

Here again the picture has been one rather of consolidation than change. All provinces except Quebec now participate in the Government Hospitalization Plan, and it looks as if Quebec will have a plan before very long. In all provinces except British Columbia, Alberta, Saskatchewan and Manitoba, we offer supplementary Blue Cross, thus raising the level of coverage to semi-private. There is also optional Medical-Obstetrical-Surgical in-hospital protection which can be added if desired. In Ontario this is carried with Physicians' Services Incorporated and in the other provinces, with the Blue Cross. Overall membership in these groups has increased slightly during the year under review.

C.D.A. RETIREMENT SAVINGS PLAN

Satisfactory progress was maintained, with the number of registered members increasing by 30% and the total contributions for the year increasing by 54%. The average payment per contributing member amounted to \$949.00 during 1959, an increase of \$191.00 over the average payment during 1958.

The Unit Values in all three Funds were down at February 29, 1960 compared to the end of February 1959, and this situation was of course the pattern of all similar investment media. The earlier figures were: Government Bond Fund—\$9,912; Corporate Bond Fund—\$10,444 and the Common Stock Fund—\$12,359. At February 29th, 1960 they stood at \$9,683—\$10,068—\$11,332 respectively. With interest rates having apparently reached a peak and now tending to fall, the Unit Values in the Bond Funds should

improve and it would also appear that the Common Stock situation has shown some slight improvement since the last valuation.

The following statistics, given on the same basis as in previous years will readily show the position achieved in the various Plans, and changes during the year.

Contracts in Force—

		Percentage Change
C.D.A. Pension-Assurance Plan	1,258	+15%
Members—C.D.A. Hospitalization Groups	2,296	+ 1%
Members—C.D.A. Retirement Savings Plan (of which 30 have made not deposit)	377	+30%

PREMIUMS RECEIVED IN 1959:

C.D.A. Pension-Assurance Plan	\$271,121	+ 9%
C.D.A. Hospitalization Groups	\$205,422	+15%
C.D.A. Retirement Savings Plan	\$300,122	+54%

In relation to earlier years, the results obtained during 1959 were satisfactory, but as mentioned earlier, it is obvious that many more members of the Association could enjoy extremely advantageous cost factors relating to these Plans. In most cases, it has to be proved to each individual making an enquiry that the contracts recommended by the Association are more favourable than can be secured elsewhere as far as cost is concerned, yet one would have thought that by now this fact would have been widely recognized and accepted by the membership. We still hope that this will be the case in the not too distant future.

My thanks are again due to the Trustees, Drs. Anderson and Lowery, the Secretary, Dr. Gullett, and many other officials who have contributed a great deal. Without their support and counsel, the present levels of participation would not have been achieved.

Respectfully submitted,

J. T. Staddon
Administrator

PENSION PLAN FOR DENTAL NURSES & ASSISTANTS

With reference to your letter of April 12th, I would like to advise you as follows:

There is no great difference between having a set Plan and Rules for all members' employees as was investigated, or for those individuals who wish to do so, to take separate action. I do not think there would ever be any great participation, but this is what could be done.

(a) Deferred Annuity contracts could be applied for by the dentist for his nurse and by the nurse herself, with premiums (within certain limits) being whatever percentage of salary they wished, say 6%+4% or 5%+5%. An abbreviated set of Rules could be drawn and submitted to Ottawa with T 510 in each case and the Income Tax position would be exactly the same as any other registered Pension Plan, i.e. both employer and employee could regard contributions as deductible. This is somewhat laborious and is what we were trying to avoid by having a 'Master' Plan.

(b) Dentists could pay nurses additional salary, say of 6% or 5% on the understanding that she would add (by deduction) 4% or 5%. The dentist would then pay the combined 10% for her, buying a deferred annuity which she registered as a retirement savings plan. This would obviate Rules and individual submission by dentists to Ottawa. This way of course limits the combined contribution to 10% of salary which is not so in (a) above and would probably be disadvantageous in the event of withdrawal in cash, but this latter eventually ought to be discouraged anyway.

I trust this is the information you needed, but please do not hesitate to let me know if you require elaboration or additional information.

Yours sincerely,

J. T. Staddon

**POLICY RE ACCEPTANCE OF FINANCIAL SUPPORT
FROM COMMERCIAL SOURCES**

(Reference: 1959 Transactions p. 26 item 4.)

The Association will accept grants or funds from commercial agencies provided:

1. the firm is generally recognized as following usual practices in its own industry.

2. the funds or grants are to be used to further some program which lies within the objectives of the Association, such as the advancement of the health of the public, education, research and like matters,
3. the grant is not associated directly with products which are not acceptable to the Association
4. the funds are under the control of the Association for an agreed purpose or are administered by the firm in keeping with a written statement of agreement,
5. all publicity relative to the grant is to be approved by the Association,
6. the name of the Association is not to be used except when the expressed consent of the Association has been given.

The above points will apply in considering the acceptance of moneys from commercial sources. However, other factors exist which of necessity must be considered on an individual basis.

Appendix K

1959 ANNUAL MEETING INTERNATIONAL DENTAL FEDERATION

1. The meeting of the Council and General Assembly were held Sept. 9th to 19th.
2. The budget of WHO for 1960 contains \$180,150 for dental health which FDI has been able to upgrade from nothing seven years ago.
3. A special commission was set up on occupational health hazards of the dentist and related factors.
4. Effort initiated toward publishing a history of FDI which is oldest world health organization. (Red Cross only one older).
5. Grants from national associations sustain the administration but activities depend greatly on supporting members. Fortunately some countries have a large number. In spite of efforts Canada has only a small number which fluctuates from year to year.
6. Any attempt to summarize the large number of reports and adopted resolutions would prove exhaustive. (A summary appears in the December issue of the international journal).
7. The main reports were by the commissions on education, public

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dental services, research and armed forces dental services. Many of these commissions have sub-committees on particular matters.

8. A sub-committee was set up on technicians of which your secretary was made chairman and this work is going forward.
9. The scope, influence and efficiency of the FDI has rapidly increased during the last few years. One important point is the assistance of the FDI which is being given to countries where dentistry is in need. The importance of this aspect increases as the world draws smaller and smaller.
10. Some 60 countries were officially represented at the meeting. The value of the exchange of information cannot be over-estimated.

Appendix L

C.D.A. - A.D.A. Conference

Areas of Agreement

Agreement was reached on the following points:

1. That a problem exists in providing enlarged dental services.
2. That, as stated above, several parts of dental practice now being performed by the dentist can be equally well-performed by auxiliary personnel. A difference of opinion exists respecting particular items.
3. That the two types of auxiliaries, the dental hygienist and dental assistant should be developed and utilized as fully as possible before introducing a new type of personnel.
4. That more statistical data is needed on the use of auxiliary personnel.
5. That everything possible should be done to influence the use of all possible preventive measures.
6. That encouragement should be given to states (provinces) in respect to alterations in legislation by amendment to develop these new duties and encourage necessary experimentation in the use of auxiliary personnel.
7. That various types and forms of dental service plans should be implemented.
8. That the dental profession has the responsibility for leadership in these matters.

Explanation of sixty-second television filmlets

The Broadcasting Act states that Canadian television stations must devote a certain percentage of their time to public service activities. Many organizations, such as Victoria Order of Nurses, Industrial Accident Prevention Association, Canadian Medical Association, and others, have produced one-minute filmlets especially for such programming. These filmlets are used also by the Canadian Broadcasting Company as filler material to extend network programs which run short, and occasionally as announcements during unsponsored network programs. Private television stations make considerable use of these filmlets.

Crawley Films Limited, Canada's largest film producer, reports that some organizations have had requests for new copies of filmlets from stations which have worn out prints through usage. This means a minimum of 50 and probably more than 100 telecasts. Obviously then, there is a demand for good 60-second television filmlets.

Production budgets may vary quite widely. Crawley Films Limited estimates that production of three 60-second filmlets would cost approximately \$5,000. Indications are that C.B.C. would look after distributing copies to Canadian television stations, but some distribution costs should be anticipated. Advertisers pay many thousands of dollars to have spot announcements telecast. Because of the public service requirements of the Broadcasting Act, stations are required to donate free time to such productions as the filmlets described herein. Audiences can be measured in terms of millions over a period of time.

After screening several samples the committee was very favourably impressed by the broad scope provided by filmlets which run only one minute. The committee believes that there are real possibilities of presenting part of dentistry's story through this medium. Television itself has been virtually ignored by organized dentistry—with some notable exceptions—as a means of reaching a vast audience. For subject matter of three filmlets, the committee would expect co-operation of other CDA committees, but the aim of the productions would be to enhance the public image of the dental profession. Since such a project is beyond the reach of the committee's budget, the support of the Executive is requested.

COMMENT AND ACTION

1. Information.
2. Agree. Should be brought to attention of organization anticipating a visitation.
3. We reaffirm the stand on fluoridation as Appendix D of Research Committee report.

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4. Information.
5. (a) - (b) Information.
(c) We concur.
(d) Information.
(e) We commend the profession at large for their co-operative action in this regard.
6. We agree in principle.
7. Appendix B.
 1. Introduction.
 - (1) Factual.
 - (2) - (8) Agreed.
 2. Main objective of new policy: We concur.
 3. Definition of Policy: agreed.
 4. Supporting Statements: agreed.
 5. Agreed. Agreed with last paragraph.
8. Appendix C: agree and approve the application form.
9. Agreed. Appendix D: agreed.
10. Information.
11. (a) & (b) We approve.
(c) Appendix E: agreed.
(d) & (e) Agreed.
(f) & (g) Information.
12. Agreed—found to be most beneficial.
13. We approve.
14. Information.
15. We approve.
16. Information with which we concur.
17. Information.
18. It is gratifying to see the increased recognition of the C.D.A. on the international level and we would encourage participation. It is most important to keep up with trends in the dental field in other parts of the world.
- 19 - 24. Information.
25. We approve.
- 26 - 27. Information.
28. We approve.

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29, 30, 31. Information. It is interesting that this meeting was held at the request of the A.D.A. It would be profitable to have further conferences of this nature in the future.

Appendix L: We note with interest areas of agreement with proposed C.D.A. policy.

32, 33. Information.

34, 35. Approved.

36. Noted with regret.

37. We approve.

38. We approve in principle and recommend that the Bureau of Public Information make available copies in French.

39. We do not concur with the C.D.A. refunding any portion of the grant from any corporate body. We recommend that the problem be studied at the next Secretaries' Conference.

40. Information.

41. Noted.

42. We approve.

43 - 45. We concur.

46. We approve.

47. We agree with all except (17) with which we do not concur.

We recommend the adoption of the report of the Executive.

APPROVED

REPORT

1. Your committee begs to report the financial position of the Canadian Dental Association.

2. Director of Economic Research

Ref: Resolution 1959 Transactions p. 61 item 3.

At the meeting of the Board of Governors at Halifax in June 1959, the Executive was instructed to empower your Secretary to locate an economist to be employed full time at Headquarters. Miss Boyd joined the staff on February 8, 1960. She has been highly recommended as well qualified for the position. Her official title is Assistant Secretary and Director of the Bureau of Economic Research. Her appointment is a matter of record for 1960. Provision for this bureau must be made when the budget is considered.

3. Secretaries' Conference

The Secretaries' Conference was held at Headquarters with all ten provinces represented. Financial statement of the conference is appended as appendix A2.

4. Convention

The Canadian Dental Association 1959 Convention at Halifax was a success financially and this Committee congratulates all committees for a splendid meeting. The Statement of Revenue and Expenditures will appear in the report of the 1959 Convention Committee. The profit from the Convention was \$937.19 to the C.D.A. In addition an amount of \$65.21 has been received since the end of the year making a total of \$1,002.40.

5. Matters Related to Financial Statement

(a) Fidelity Bond

Clause V, Section 111(b) of the Administrative By-laws dealing with the duties of the Secretary-Treasurer reads: 'furnish a surety bond in the amount of five thousand dollars, the premium of which shall be paid by the association'. This has been done up to January 1960. On advice of the auditors a change was made in bonding. A new fidelity policy has been secured which covers each employee of the Association up to a maximum of \$5,000 each.

(b) Depreciation

At the meeting of the Executive held March-April 1959, the policy of transferring amounts set up in the financial statement for depreciation to the reserve fund was adopted. The rates of depreciation appearing in the financial statement are: Building 21½%; Office furnishings and equipment 10% and books 20%. At the recent meeting of the property committee this matter was considered and the following resolution adopted:

“THAT depreciation be computed in keeping with actual value rather than cost price of building, furnishings and equipment and that this amount be placed in the Reserve Fund.”

For 1959 the total depreciation appearing in the financial statement amounts to \$5,466.04. The 1960 budget has \$3,000 set up for depreciation. It will be appreciated that until the 1960 budget an item for depreciation has not appeared. As a consequence, most of the depreciation on initial furnishings has been almost written off without provision being made. The auditors also point out that depreciation is deducted on the cost and not replacement value.

6. Grants

(a) During the last few months of 1958 and the year of 1959, much time was spent by the President, the Secretary, the Board of Governors, the Executive Committee and this committee in presenting to the dental profession the financial needs of the Canadian Dental Association. The results have been most gratifying and now this committee is able to report a surplus of \$27,996.80 for the year ending December 31st, 1959 instead of a surplus of \$500.00 estimated in the 1959 budget.

(b) All provinces have now reported and in summary the situation is as follows:

BRITISH COLUMBIA—increase approved and have already paid 1960 grant at rate of \$40 per capita.

ALBERTA—a legislative problem exists in that amendment to the dental act is necessary before annual fee can be increased.

SASKATCHEWAN—increase approved and have already paid 1960 grant at rate of \$40 per capita.

MANITOBA—increase approved and statement received that 1960 grant will be paid at rate of \$40 per capita.

ONTARIO—paid 1959 grant at rate of \$35.00 per capita and have now approved \$40 per capita beginning 1960, part of which has already been paid.

QUEBEC—a resolution has been received stating that owing to extraordinary expenses the increase is not possible this year.

FINANCE

NEW BRUNSWICK—an increase to \$35 per capita was approved and the grant on this basis has been paid for 1960.

NOVA SCOTIA—paid 1959 grant on the basis of \$40 per capita and affirmed same for future.

PRINCE EDWARD ISLAND—increase approved with statement that 1960 grant will be paid at rate of \$40 per capita.

NEWFOUNDLAND—increase to \$40 approved.

7. Balance at End of Fiscal Year

Because no grants are received until March or April, it is necessary to have a substantial bank balance at the end of the year. The 1959 balance is the best ever carried and occurred because of grants received during the last few days of 1959, two grants being at increased rates. Surplus shown in the statement equals unanticipated increase in grants from Ontario and Nova Scotia.

8. Reserve Fund

As stated above the reserve fund not only represents the soundness of the financial position of the Association but also includes depreciation on property and equipment. A large portion of the present reserve represents the accumulated depreciation of past years.

9. Bonds

The following bonds were purchased during the year:

(a) Government of Canada

5½% Oct. 1, 1962, Par \$15,000.00 Paid \$14,955.00

(b) Securities Held.

Total as of Dec. 31/59\$ 106,500.00

for which was paid\$ 104,757.25

(c) The Executive Committee passed the following motion for guidance of the Secretary and your Finance Committee:

“THAT the Executive Committee is satisfied to have the Finance Committee continue to limit its purchases of bonds to those most suited to trust funds, namely, those issues guaranteed by provincial or federal governments.”

(d) It will be noted that maturities are coming up in 1961 and 1962. An advantageous time will likely arise to exchange these securities previous to the maturity date.

10. The Executive Committee, at its February meeting, re-appointed the firm of Thorne, Mulholland, Howson and MacPherson auditors for 1960.

11. At its meeting in February 1960, the Executive Committee approved the Financial Statement for 1959. (See Appendix A)
12. Comment on Financial Statement for year ending December 31, 1959, appears as Appendix A3.
13. An estimated revised budget for 1960 is presented as Appendix A4.
14. The trust funds are for specified purposes under trust deeds and cannot be used for other association purposes.
15. Other figures presented in the Auditors' Statement seem to be self-explanatory.

16. **Housing Fund**

At the time of purchase of these headquarters a separate housing account was established which was necessary at that time. However this account has become a bookkeeping nuisance and a considerable waste of office time. The operating basis of the account has been altered from time to time. The result is that considerable juggling of figures occurs between the bookkeeping for auditing purposes and that for budgeting. To overcome the difficulty it is suggested that moneys allotted for property purposes be made an item in the general account.

17. (a) Budget for 1961 appears as Appendix A1.

(b) You will remember that at the time of the 1960 budget discussion at Halifax, the amount of \$60,000.00 was placed in the 1960 budget for Ontario's grant. Dr. M. V. J. Keenan, President of the Royal College of Dental Surgeons of Ontario, felt the amount would be \$84,175.00 but this was contingent upon approval of the Lt.-Governor-in-Council of an increase in the annual licentiate fee.

18. **Comment**

Fortunately increased financial support has become available to the Association at a time when expansion of activities is essential. Indeed necessary expanded activities have been held in abeyance awaiting the availability of funds. The realization of the need by the Corporate Members is greatly appreciated.

As will be observed in drafting the budget, care must be observed in making sound commitments for the future in keeping with known revenue.

COMMENT AND ACTION

1. Information.
2. We approve and heartily welcome Miss Boyd.
3. A very gratifying financial statement. We concur with recommendation of Executive for the continuation of these conferences.

FINANCE

4. Information. We commend the Nova Scotia Dental Association and the Convention Committee for a splendid accomplishment.
5. (a) We concur.
(b) We approve.
6. (a) A gratifying result.
(b) We heartily congratulate the corporate bodies for their splendid co-operation.
- 7, 8. Information.
9. (a) & (b) Information.
(c) We concur.
(d) Information.
10. We approve.
- 11, 12, 13. We have studied appendices A1, A2, A3 and A4 and found them to be correct. We agree with comment in appendix A3.
- 14, 15. Information.
16. We concur.
17. (a) We approve.
(b) Information.
18. We concur.

We heartily commend the Chairman of the Finance Committee on the excellence of his report and extend to Dr. S. J. Phillips our sincere thanks for the tremendous amount of time, thought and effort which have gone into its preparation.

Dr. Phillips has been on this Committee for the last fifteen years and since 1952 has handled our financial affairs in a most capable manner, as a committee of one. Thanks to his untiring efforts and his financial wizardry we have managed

- (a) to balance our budget from year to year, quite a difficult task through many years.
- (b) to accumulate a reserve fund, which is a prime necessity for the C.D.A.
- (c) to invest our funds in proper securities and
- (d) to render to us wise counsel in other matters, too numerous to mention.

We wish to pay tribute to Dr. S. J. Phillips for his many years of service to the C.D.A., rendered with sincerity, diligence and devotion. Our hearty thanks to Dr. S. J. Phillips for a job most capably and well done.

We recommend the adoption of the report of the Finance Committee.

APPROVED

Appendix A

AUDITOR'S REPORT

We have examined the accounts of the Canadian Dental Association for the year ended December 31, 1959 and report that, in our opinion, the accompanying balance sheet and related statements of revenue and expenditure and receipts and disbursements present fairly the financial position of the Association as at December 31, 1959 and its financial transactions for the year ended on that date, exclusive of the accounts of the Committee on Publications, according to the best of our information and the explanations given us and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON,
Chartered Accountants

Toronto, Canada,
January 25, 1960.

FINANCE

BALANCE SHEET **December 31, 1959**

ASSETS

General Account:

Cash on hand and in bank	\$ 55,131.88	
Accounts receivable	1,1974.88	
Prepaid expenses and air travel deposit	773.67	
Office furniture and fixtures	\$ 20,349.85	
Less Accumulated depreciation	11,523.95	8,825.90
		66,706.33

Housing Fund:

Cash on hand and in bank	6,628.15	
Prepaid insurance	9.24	
Land, 234 St. George Street, Toronto	5,100.00	
Building, 234 St. George Street, Toronto	68,111.26	
Less Accumulated depreciation	15,171.22	52,940.04
Furnishings and equipment	12,319.10	
Less Accumulated depreciation	10,060.14	2,258.96
		66,936.39

Dental Research Fund:

Cash in bank		1,616.97
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War Memorial Award Fund:

Cash in bank	352.62	
Government and government guaranteed bonds at cost (market value \$7,121.25)	8,420.37	
Interest accrued on bonds	82.81	8,855.80

Council on Dental Education:

Cash in bank		10,697.45
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The Grieve Memorial Lectureship Fund:

Cash in bank	172.92	
Government and government guaranteed bonds at cost (market value \$5,127.50)	5,348.13	
Interest accrued on bonds	74.58	5,595.63

Library Trust Fund:

Cash in bank	2,656.84	
Books	6,804.78	
Less Accumulated depreciation	6,684.45	120.33
		2,777.17

Reserve Fund:

Cash in bank	3,503.78	
Government and government guaranteed bonds at cost (market value \$90,564.25)	104,757.25	
Accrued interest on bonds	1,295.42	109,556.45

Employees' Pension Account:

Cash in bank		3,946.85
--------------------	--	----------

\$276,689.04

LIABILITIES

General Account:			
Accounts payable	\$ 1,297.40		
Sales tax payable	71.59		
Surplus:			
Balance, December 31, 1958	\$ 37,340.54		
Surplus for year 1959	27,996.80	65,337.34	66,706.33
Housing Fund:			
Accounts payable		193.82	
Surplus:			
Balance, December 31, 1958	70,164.86		
Deficit from building operations for 1959	3,422.29	66,742.57	66,936.39
Dental Research Fund:			
Surplus, December 31, 1958		1,248.93	
Surplus for year 1959		368.04	1,616.97
War Memorial Award Fund:			
Surplus, December 31, 1958		8,747.90	
Surplus for year 1959		107.90	8,855.80
Council on Dental Education:			
Surplus, December 31, 1958		8,748.71	
Surplus for year 1959		1,948.74	10,697.45
The Grieve Memorial Lectureship Fund:			
Surplus, December 31, 1958		5,591.73	
Surplus for year 1959		3.90	5,595.63
Library Trust Fund:			
Accounts payable		23.95	
Surplus, December 31, 1958	3,893.10		
Deficit for year 1959	1,139.88	2,753.22	2,777.17
Reserve Fund:			
Surplus, December 31, 1958		95,559.11	
Surplus for year 1959		13,998.34	109,556.45
Employees' Pension Account:			
Account payable		3,865.23	
Surplus, December 31, 1958	60.22		
Surplus for year 1959	21.40	81.62	3,946.85
			<u>\$276,689.04</u>

FINANCE

GENERAL Year ended December 31, 1959

— REVENUE —

Grants from corporate members:

British Columbia	\$ 15,825.00	
Alberta	10,375.00	
Saskatchewan	4,825.00	
Manitoba	6,262.50	
Ontario	84,175.00	
Quebec	32,545.00	
New Brunswick	2,500.00	
Nova Scotia	7,912.00	
Prince Edward Island	825.00	
Newfoundland	950.00	166,194.50
National convention 1959		937.19
Sale of pamphlets, reports and printing		14,345.83
Sundry revenue		416.00
		\$181,893.52

— EXPENDITURE —

Grants:

Committee on Publications	\$ 15,000.00	
Council on dental education	4,750.00	
Dental research fund	7,500.00	
Housing fund	2,886.06	
Federation Dentaire Internationale	1,058.40	
Sundry grants	200.00	\$ 31,394.46
Officers and clerical salaries		47,920.18
Officers' and employees' pension plan		4,895.28
Unemployment insurance		240.40
Hospital insurance		625.15
Committee expenses (not including committees receiving grants)		2,257.19
Officers' expenses		7,373.53
Board of Governors meeting expenses		9,478.06
Legal and audit		715.00
Library expenses		188.26
Pamphlets, reports and printing		22,132.74
Housing fund, rent		5,400.00
Translations		475.00
Office supplies and miscellaneous expenses		3,363.51
Telephone and telegraph		768.90

	FINANCE
Postage	3,709.33
Depreciation, office furniture and fixtures	1,694.29
Transfers to reserve fund	10,000.00
Insurance	85.57
Loss on disposal of fixed assets	51.43
Economic survey	1,128.44
	153,896.72
Surplus for year, after giving effect to the transfer of \$10,000.00 to reserve fund	27,996.80
	<u>\$181,893.52</u>

HOUSING FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1959

— REVENUE —

Rentals	\$ 5,400.00
Grant, Canadian Dental Association, from general account.....	2,886.06
Sundry revenue	10.00
	<u>\$ 8,296.06</u>

— EXPENDITURES —

Repairs and maintenance	\$ 5,376.60
Taxes	1,044.40
Janitor	700.00
Heat	585.70
Gas and water	308.87
Light	455.11
Insurance	221.83
Audit	75.00
General expenses	16.15
Depreciation on building	1,702.78
Depreciation on furnishings and equipment	1,231.91
	11,718.35
Deficit for year	3,422.29
	<u>\$ 8,296.06</u>

FINANCE

DENTAL RESEARCH FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1959

— REVENUE —

Grant, Canadian Dental Association, from general account	\$ 7,500.00
Transfer from Canadian Dental Research Foundation	630.98
Bank interest	14.51
	\$ 8,145.49

— EXPENDITURE —

Studentships	\$ 7,585.50
Reprints	103.20
Audit	25.00
General expenses	63.75
	7,777.45
Surplus for year	368.04
	\$ 8,145.49

WAR MEMORIAL AWARD FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1959

— REVENUE —

Bond interest	\$ 305.00
Bank interest and exchange	2.90
	\$ 307.90

— EXPENDITURE —

Essay awards	\$ 200.00
Surplus for year	107.90
	\$ 307.90

COUNCIL ON DENTAL EDUCATION
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1959

— REVENUE —

Grants:

Canadian Dental Association, from general account	\$ 4,750.00	
W. K. Kellogg Foundation	500.00	5,250.00

Bank interest		129.19
		<u>\$ 5,379.19</u>

— EXPENDITURE —

Council meeting expenses	\$ 1,234.14
Expenses re survey of dental schools	2,196.31
	<u>3,430.45</u>
Surplus for year	1,948.74
	<u><u>\$ 5,379.19</u></u>

THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1959

— REVENUE —

Bond interest	\$ 245.00
Bank interest	3.90
	<u>\$ 248.90</u>

— EXPENDITURE —

Orthodontic Section of Canadian Dental Association	\$ 245.00
Surplus for year	3.90
	<u><u>\$ 248.90</u></u>

FINANCE

LIBRARY TRUST FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1959

— REVENUE —

Donation	25.00
Bank interest	54.95
	\$ 79.95

— EXPENDITURE —

Binding books, journals, etc.	477.52
Depreciation on books	741.16
Bank charges	1.15
	1,219.83
Deficit for year	1,139.88
	\$ 79.95

RESERVE FUND
STATEMENT OF REVENUE
Year ended December 31, 1959

— REVENUE —

Transfers from general account	\$ 10,000.00
Interest on bonds	3,919.86
Bank interest	77.48
Surplus for year	\$ 13,997.34

EMPLOYEES' PENSION ACCOUNT
STATEMENT OF REVENUE
Year ended December 31, 1959

— REVENUE —

Bank interest	\$ 21.40
Surplus for year	\$ 21.40

GENERAL
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1959

— REVENUE —

Cash on hand and in bank, December 31, 1958 . . .		\$ 27,589.60
Grants from corporate members:		
British Columbia	\$15,825.00	
Alberta	10,375.00	
Saskatchewan	4,825.00	
Manitoba	6,262.50	
Ontario	84,175.00	
Quebec	32,545.00	
New Brunswick	2,500.00	
Nova Scotia	7,912.00	
Prince Edward Island	825.00	
Newfoundland	500.00	165,744.50
National convention, 1959		4,037.19
Sale of pamphlets, reports and printing (including sales tax)		14,899.13
Sundry receipts		416.00
Sales of office equipment		100.00
		<u>\$212,786.42</u>

— DISBURSEMENTS —

Grants:		
Committee on publications	\$15,000.00	
Council on dental education	4,750.00	
Dental research fund	7,500.00	
Housing fund	2,886.06	
Federation Dentaire Internationale	1,058.40	
Sundry grants	200.00	31,394.46
Office furniture and fixtures		3,010.52
Officers and clerical salaries		47,920.18
Officers' and employees' pension plan		4,895.28
Unemployment insurance		240.40
Hospital insurance		625.15
Committee expenses (not including receiving grants)		2,296.44
Officers' expenses		7,373.53
Board of Governors Meeting expense		9,998.71

FINANCE

Sales Tax	1,309.62
Legal and audit	715.00
Library expenses	194.41
Pamphlets, reports and printing	23,174.57
Housing fund, rent	5,400.00
Translations	475.00
Office supplies and miscellaneous expenses	3,490.14
Telephone and telegraph	767.74
Postage	3,173.95
Transfers to reserve fund	10,000.00
Insurance	71.00
Economic survey	1,128.44
	157,654.54
Cash on hand and in bank, December 31, 1959	55,131.88
	\$212,786.42

HOUSING FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1959

— RECEIPTS —

Cash on hand and in bank, December 31, 1958	\$ 7,006.09
Rentals	5,400.00
Grant, Canadian Dental Association, from general account	2,886.06
Sundry receipts	10.00
	\$15,302.15

— DISBURSEMENTS —

Repairs and maintenance	\$ 5,359.39
Furnishings and equipment	143.85
Taxes	1,044.40
Janitor	700.00
Heat	558.77
Gas and water	298.84
Light	477.60
Audit	75.00
General expenses	16.15
	8,674.00
Cash on hand and in bank, December 31, 1959	6,628.15
	\$15,302.15

DENTAL RESEARCH FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1959

— RECEIPTS —

Cash in bank, December 31, 1958	\$ 1,248.93
Grant, Canadian Dental Association, from general account	7,500.00
Transfer from Canadian Dental Research Foundation	630.98
Bank interest	14.51
	\$ 9,394.42

— DISBURSEMENT —

Studentships	\$ 7,585.50
Reprints	103.20
Audit	25.00
General expenses	63.75
	7,777.45
Cash in bank, December 31, 1959	1,616.97
	\$ 9,394.42

WAR MEMORIAL AWARD FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1959

— RECEIPTS —

Cash in bank, December 31, 1958	\$ 244.72
Bond interest	305.00
Bank interest and exchange	2.90
	\$ 552.62

— DISBURSEMENTS —

Essay awards	\$ 200.00
Cash in bank, December 31, 1959	352.62
	\$ 552.62

FINANCE

COUNCIL ON DENTAL EDUCATION
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1959

— RECEIPTS —

Cash in bank, December 31, 1958	\$8,748.71
Grants:	
Canadian Dental Association, from general account..	\$4,750.00
W. K. Kellogg Foundation	500.00 5,250.00
Bank interest	129.19
	\$14,127.90

— DISBURSEMENTS —

Council meeting expenses	\$1,234.14
Expenses re survey of dental schools	2,196.31
	3,430.45
Cash in bank, December 31, 1959	10,697.90
	\$14,127.90

THE GRIEVE MEMORIAL
LECTURE FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1959

— RECEIPTS —

Cash in bank, December 31, 1958	\$ 169.02
Bond interest	245.00
Bank interest	3.90
	\$ 417.92

— DISBURSEMENTS —

Orthodontic Section of Canadian Dental Association	\$ 245.00
Cash in bank, December 31, 1959	172.92
	\$ 417.92

LIBRARY TRUST FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1959

— RECEIPTS —

Cash in bank, December 31, 1958	\$ 3,623.04
Books sold	169.44
Donation	25.00
Bank interest	54.95
	\$ 3,872.43

— DISBURSEMENTS —

Books purchased	\$ 732.67
Binding books, Journals, etc.	481.77
Bank charges	1.15
	1,215.59
Cash in bank, December 31, 1959	2,656.84
	\$ 3,872.43

RESERVE FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1959

— RECEIPTS —

Cash in bank, December 31, 1958	\$ 4,635.44
Transfers from general account	10,000.00
Interest on bonds	3,777.50
Bank interest	77.48
	\$18,490.42

— DISBURSEMENTS —

Government of Canada bonds, 51½%, par value \$15,000.00 due October 1, 1962	\$14,955.00
Bond interest accrued on purchase	31.64
	14,986.64
Cash in bank, December 31, 1959	3,503.78
	\$18,490.42

FINANCE

EMPLOYEES' PENSION ACCOUNT
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1959

— RECEIPTS —

Cash in bank, December 31, 1958		\$ 3,925.38
Contributions:		
Canadian Dental Association, from general account	\$ 4,460.28	
Employees	1,496.20	5,956.48
Bank interest		21.40
		<u>\$ 9,903.26</u>

— DISBURSEMENTS —

Canadian Dental Association Pension—Assurance Plan.....	\$ 5,956.41
Cash in bank, December 31, 1959	3,946.85
	<u>\$ 9,903.26</u>

NOTE: Above cash in bank, December 31, 1959, includes \$3,865.23 which amount is payable to Canadian Dental Association Pension-Assurance Plan.

Appendix A1

1961 BUDGET

EXPENDITURES

Grants	1959 Actual	1960 Budget	1961 Budget
Committee on Publications	\$15,000.00	\$15,000.00	\$15,000.00
Council on Dental Education	4,750.00	4,750.00	4,750.00
Dental Research Fund	7,500.00	7,500.00	9,000.00
Housing fund	2,886.06		
Federation Dentaire Internationale	1,058.40	1,250.00	1,250.00
Library		1,000.00	1,000.00
Sundry Grants	200.00	150.00	200.00
Officers & clerical salaries	47,920.18	52,000.00	65,000.00
Officers & employees pension plan	4,895.28	5,400.00	6,800.00
Unemployment insurance	240.40	200.00	400.00
Hospital insurance	625.15	550.00	825.00
Committee expenses (other than grants)	2,257.19	6,750.00	7,500.00

FINANCE

Officers expenses	7,373.53	6,000.00	7,500.00
Board of Governors meeting	9,478.06	8,500.00	10,000.00
Legal & audit	715.00	750.00	800.00
Library expenses	188.26	200.00	250.00
Pamphlets reports & printing	22,132.74	11,000.00	12,500.00
Housing fund, rent	5,400.00	5,400.00	5,400.00
Translations	475.00	900.00	900.00
Office supplies	3,363.51	3,500.00	4,000.00
Telephone & Telegraph	768.90	800.00	1,000.00
Postage	3,709.33	3,500.00	4,000.00
Depreciation	1,694.29	3,000.00	5,500.00
Insurance	85.57	100.00	100.00
Transfer to reserve	10,000.00	10,000.00	10,000.00
Contingency fund	1,128.44	5,000.00	5,000.00
Loss on disposal of fixed assets	51.43		
Totals	<u>\$153,896.72</u>	<u>153,200.00</u>	<u>178,675.00</u>
Surplus	27,996.80		20,395.00
Deficit		<u>9,350.00</u>	

ADOPTED

1961 BUDGET

REVENUE

	1959 Actual	1960 Budget	1961 Budget
Grants from Corporate Members			
British Columbia	\$ 15,825.00	\$ 16,000.00	\$ 26,000.00
Alberta	10,375.00	10,750.00	11,000.00
Saskatchewan	4,825.00	5,000.00	7,500.00
Manitoba	6,262.50	6,000.00	6,500.00
Ontario	84,175.00	60,000.00	97,520.00
Quebec	32,545.00	32,500.00	33,000.00
New Brunswick	2,500.00	2,500.00	3,500.00
Nova Scotia	7,912.00	5,000.00	7,900.00
Prince Edward Island	825.00	850.00	850.00
Newfoundland	950.00	900.00	950.00
National Convention	937.19	100.00	100.00
Sale of Pamphlets and reports	14,345.83	4,000.00	4,000.00
Sundry	416.00	250.00	250.00
Totals	<u>\$181,893.52</u>	<u>143,850.00</u>	<u>199,070.00</u>

ADOPTED

SECRETARIES' CONFERENCE

January 11-12, 1960

Toronto

Disbursements

Park Plaza—deposit re Dominion Room	\$	25.00	
Chez Paree—luncheon		21.75	
Chez Paree—luncheon		21.00	
Park Plaza—dinner		98.65	
R. M. LeBlanc — Exp. Acct. — Que.		93.05	
G. M. Dewis — " — N.S.		152.95	
W. G. Campbell — " — Man.		196.00	
Heath McIntyre — " — P.E.I.		167.15	
F. R. Smith — " — Sask.		230.50	
R. F. Sansom — " — N.B.		142.10	
B. L. Bowden — " — Nfld.		278.45	
R. A. Rooney — " — Alta.		310.51	
W. R. Upton — " — B.C.		309.74	\$2,046.85

Receipts

College of Dental Surgeons of Saskatchewan	100.00	
Royal College of Dental Surgeons of Ontario	400.00	
Provincial Dental Board of Nova Scotia	100.00	
College of Dental Surgeons of the Province of Quebec	250.00	
New Brunswick Dental Society	100.00	
Alberta Dental Association	100.00	
College of Dental Surgeons of British Columbia	150.00	
Dental Association of Prince Edward Island	100.00	
Manitoba Dental Association	100.00	
Canadian Dental Association	500.00	
Newfoundland Dental Society	100.00	\$2,000.00
	Deficit	\$ 46.85

COMMENT ON FINANCIAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 1959

Statement of Receipts and Disbursements—GENERAL ACCOUNT
By Comparison 1958-1959

I. RECEIPTS

A. Cash on hand in the Bank	
Dec. 31, 1959	\$ 55,131.88

FINANCE

Dec. 31, 1958	27,589.60*
*Expenses of Annual Meeting not paid in total at time of audit	
B. Revenue	
Dec. 31, 1959	181,893.52
Dec. 31, 1958	144,244.32
C. Expenditures	
Total 1959	153,896.72
Total 1958	130,425.43

You will note that in spite of all the careful planning of the Secretary, Dr. Don W. Gullett, and this Committee, the expenditures are increasing at rapid rate, while we are not progressing towards the accomplishment of new objectives which mean progress of the profession, at the same rate. Our dollar is not doing as much for us as the year before.

D. Grants	
1959 grants from Provinces	\$166,194.50
1958 grants from Provinces	132,019.50
E. Interest on Bonds	
1959 Interest	3,919.86
1958 Interest	3,390.58
F. Reserve Fund	
Total amount placed in fund 1959	18,490.42
Total amount placed in fund 1958	11,000.00
The total amount placed in the Reserve Fund was \$18,490.42. Of this amount is Cash in bank, Dec. 31, 1959 of \$3,503.78.	

II. DISBURSEMENTS

A. Grants to Committees	
1959 grants	31,394.46
1958 grants	25,974.80
B. Salaries of Staff	
1959	47,920.18
1958	44,376.31
C. Committee's Expenses	
1959	2,257.19
1958	2,460.39
D. Board of Governor Meeting Expenses	
1959	9,478.06
1958	7,229.98

1960 BUDGET ESTIMATED REVISIONS

Revenue		
	As Adopted	Estimated Alterations
(3) British Columbia	\$ 16,000.00	\$ 26,120.00 (1)
Alberta	10,750.00	10,750.00
(3) Saskatchewan	5,000.00	7,480.00 (1)
Manitoba	6,000.00	6,000.00
(4) Ontario	60,000.00	85,000.00 (2)
Quebec	32,500.00	32,500.00
(3) New Brunswick	2,500.00	3,500.00 (1)
(3) Nova Scotia	5,000.00	7,900.00 (2)
Prince Edward Island	850.00	850.00
Newfoundland	900.00	950.00
National Convention	100.00	100.00
Sale of Pamphlets and Reports	4,000.00	4,000.00
Sundry	350.00	350.00
	\$143,850.00	\$185,500.00
(1) Received for 1960		
(2) Amount paid for 1959 on increased grant basis		
(3) Confirmed on basis of \$40.00 per capita.		
(4) Confirmed on basis of \$35.00 per capita.		

Expenditure		
Grants	As Adopted	Estimated Alterations
Committee on Publications	\$ 15,000.00	\$ 15,000.00
Council on Dental Education	4,750.00	4,750.00
Dental Research	7,500.00	7,500.00
Federation Dentaire Internationale	1,250.00	1,237.72
Library	1,000.00	1,000.00
Sundry	150.00	150.00
Officers and Clerical salaries	52,000.00	63,000.00
Officers and employees pension plan	5,400.00	6,250.00
Unemployment insurance	200.00	400.00
Hospital insurance	550.00	825.00
Committee expenses	6,750.00	6,750.00
Officers expenses	6,000.00	6,500.00
Board of Governors Meeting	8,500.00	8,500.00
Legal and audit	750.00	900.00

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Library expenses	200.00	200.00
Pamphlets, reports etc.	11,000.00	11,000.00
Housing fund	5,400.00	5,400.00
Translations	900.00	900.00
Office supplies	3,500.00	4,000.00
Telephone and telegrams	800.00	900.00
Postage	3,500.00	3,500.00
Depreciation	3,000.00	3,000.00
Insurance	100.00	100.00
Transfer to reserve	10,000.00	10,000.00
Contingency fund	5,000.00	5,000.00
	<u>\$153,200.00</u>	<u>\$166,762.72</u>
Deficit	9,350.00	
Surplus		18,737.28
		ADOPTED

COMMENT AND ACTION

- Information.
- We approve and heartily welcome Miss Boyd.
- A very gratifying financial statement. We concur with recommendation of Executive for the continuation of these conferences.
- Information. We commend the Nova Scotia Dental Association and the Convention Committee for a splendid accomplishment.
- We concur.
 - We approve.
- A gratifying result.
 - We heartily congratulate the corporate bodies for their splendid cooperation.
8. Information.
- & (b) Information.
 - We concur.
 - Information.
- We approve.
- 12, 13. We have studied appendices A1, A2, A3 and A4 and found them to be correct. We agree with comment in appendix A3.
15. Information.
- We concur.

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17. (a) We approve.
(b) Information.

18. We concur.

We heartily commend the Chairman of the Finance Committee on the excellence of his report and extend to Dr. S. J. Phillips our sincere thanks for the tremendous amount of time, thought and effort which have gone into its preparation.

Dr. Phillips has been on this Committee for the last fifteen years and since 1952 has handled our financial affairs in a most capable manner, as a committee of one. Thanks to his untiring efforts and his financial wizardry we have managed

- (a) to balance our budget from year to year, quite a difficult task through many years.
- (b) to accumulate a reserve fund, which is a prime necessity for the C.D.A.
- (c) to invest our funds in proper securities and
- (d) to render to us wise counsel in other matters, too numerous to mention.

We wish to pay tribute to Dr. S. J. Phillips for his many years of service to the C.D.A., rendered with sincerity, diligence and devotion. Our hearty thanks to Dr. S. J. Phillips for a job most capably and well done.

We recommend the adoption of the report of the Finance Committee.

APPROVED

MEMBERS: *R. A. Rooney, Chairman, Edmonton, Alta.; H. R. MacLean, Edmonton; A. M. Revell, Edmonton.*

REPORT

1. The relationship of dental auxiliary personnel—technicians, hygienists, assistants, or under whatever name—to the profession has been confused and extremely controversial in the four western provinces especially for a considerable number of years, due to the type of legislation in some and failure to implement or enforce existing legislation for various reasons in others. Over the same period, this relationship has remained comparatively stable in the central and eastern provinces, except for a period in New Brunswick. Illegal practice by certain groups or individuals, categorized in this report, though still flattered, as dental mechanics, since very few such individuals have any training in, or knowledge of other than the basic bench processes required for making full dentures, has been rampant in all but Saskatchewan where such worthies did not appear until a couple of years ago.

2. British Columbia

The 1958 session of the British Columbia Legislature approved an enabling Act regulating all dental technicians and providing for the appointment by the government of a five-man administrative Board of Examiners under the chairmanship of Dr. Gordon Shrum, Dean at the University of British Columbia, with one representative each from the College of Dental Surgeons, the ethical technicians, the illegal mechanics and one member at large. This Board, after a number of meetings, some quite acrimonious, drafted and, presumably, presented to the government regulations governing working procedures and administration for all dental technicians in the province both ethical and illegal. Repeated requests for over a year for details on this report met with denial by the government that it had been received.

3. Following adjournment of the 1960 session of the British Columbia legislature, information was received by the Council of the College early in June that these recommendations would probably be implemented by the government. Since at least one of the proposed divisions of these regulations conflicted with sections of the British Columbia Dentistry Act, the Council of the College attempted to forestall adoption of them until further consideration could be given but were unsuccessful and, about the 15th of June, the government announced that the regulations as drafted and presented by the Board of Examiners had been approved by Order-in-Council. They establish administration of the Act under the following 11 divisions:

- (a) Registration of all dental technicians.

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(b) Licensing of registered technicians in three grades (the title by which technicians approved under the regulations shall be recognized.)

(c) Qualifications and examinations.

(d) Fees (for registration and examination).

(e) Maintenance of records.

(f) Disciplinary procedures.

(g) Permissive dental equipment (limiting the equipment a technician may have in his place of business).

(h) Limitations of advertising.

(i) Procedure (order of business for meetings of the Board of Examiners).

(j) Special Licences (concessions permitting direct dealings by certain illegal mechanics with the public).

(k) Providing for assurance of the health and welfare of the public under all divisions of these regulations. How this is to be assured is not determined nor can it be, since neither the Act nor the regulations set up machinery for protection of the public in any manner.

Of these provisions, (j) is absurdly obnoxious and aroused the ire of the Council of the British Columbia College.

4. Under this division, the Board is given authority to license certain mechanics (identified arbitrarily as senior grade) "to make repairs, reline, rebase and furnish upper and lower full dentures to the public, if the mechanic satisfies the Board that he has a minimum of 12 years' experience in his trade, of which the last 7 years shall have been spent in an establishment *dealing with the public* in British Columbia". In other words, if such a person can prove that he has 12 years' experience in a lab in any capacity, and can prove that he has been flouting existing laws for 7 of these 12 years in British Columbia, he is eligible by virtue of his formerly illegal acts to achieve the distinction of being termed "Technician, Senior Grade".

5. Such mechanic is exempt from certain disciplinary provisions under division 6 and from conforming to the requirements concerning equipment in division 7. He may not employ any number of individuals above those employed by him on the 31st day of March, 1959. He may not change his business premises without consent of the Board nor supply any *partial denture, except on prescription of a qualified dentist*, and shall not work directly for the public in supplying any such partial denture. Previous experience has conclusively demonstrated that such a procedure is subject to grave abuses. This written prescription must be kept for a period of 2 years following completion of the case and the place of business shall be open to inspection. Licensure under this division must be completed before September 15, 1960 and the Registrar of the Board shall maintain a supplementary register for such Registered Dental Technicians (Senior Grade).

6. Representations by the Council of the British Columbia College to the government, protesting the enactment of division 10, has, to date, had no results. Dr. Harold M. Cline, a member of the College on the Board of Examiners, declared that since this provision violates the basic principles of professional integrity, he could no longer associate himself with the Board and tendered his resignation. To date, no information has been received as to the appointment of a replacement.

7. In the meantime, the Technicians Act and the above regulations are in effect; completely disregard the authority established under the Dentistry Act of the Province of British Columbia and, in effect, nullify division 11 of the same regulations which specifies particularly that "*The Board shall be satisfied and shall take steps to ensure that the health and welfare of the public shall be at all times protected with respect to any authority or licence granted or issued under any division of these regulations*". The ultimate outcome is very cloudy but the effects of such discriminatory legislation applicable so far to a few individuals centred mostly in one area, Vancouver, has roused considerable apprehension in other parts of Canada and the United States. An unknown number of perhaps 30 to 40 individuals might legitimately meet the requirements but, as has been found in Alberta under the provisions of the Public Health Act, control of them is extremely difficult. Such legislation merely offers excellent camouflage for evasion of the very regulations which permit them to operate. One would be naive indeed to think that those mechanics who do not qualify for the concessions in the regulations are going to fold up quietly and become law abiding tradesmen. It's going to be interesting and may set off some fireworks under some legislative rear ends.

8. Mr. J. G. McIntosh, President of the Victoria Bar Association, made a pertinent comment: "Members of all professions must regard with alarm any course of events which leads to the weakening of high standards. It is regrettable that the public will no longer be protected by the Act" (the Dentistry Act).

9. The Victoria Dental Society has instituted a unique service to provide free dentures to old age pensioners who do not qualify for further social assistance, the dental society bearing the full cost of the plan known as the Silver Threads Service. The Silver Threads Service agrees to screen those persons applying for assistance, in order to assure that only those who need the service qualify for it. This is an interesting experiment, capable of providing a real need, but also susceptible of considerable abuse unless carefully controlled. It is hoped that the Victoria society does not find that it cannot carry the load and may be forced to discontinue the service. This action disregards the recognized principle that the obligation of the profession is to supply services but not to pay for the services.

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10. Alberta

For some years, in Alberta, the Board of Directors of the Alberta Dental Association, local dental societies, and representatives of other health bodies have been urging on the government the establishment of dental clinics in some form to care for the dental needs of residents, especially children, in outlying areas, offering all possible assistance to plan and develop such arrangements on any basis that appeared practical. For years, little attention was paid by the government to these proposals. In 1958, some so-called "dental missionaries" appeared suddenly in the Peace River area operating, without charge to the individual, what they claimed to be a dental training clinic, ostensibly to prepare young people for dental service in mission fields in foreign countries. The promoter of this scheme had attempted similar activities in several states but had been refused permission to continue in each one.

11. The definition of dentistry in the Alberta Act contains the limiting phrase "for hire, gain or hope of reward" similar to terminology in most Canadian dental legislation. No evidence ever appeared that the promoter made any charges for his so-called services, but he did get effective publicity by way of pamphlets, news coverage in various forms, and letters to editors on a "Service for Christ" theme. After several months and following some pressure through various health agencies, the "missionaries" moved to a new community in Southern Alberta, where the Medical Officer of Health refused the promoter and his agents permission to work. Because of the situation which developed in the Peace River area and following that in the south, there was a clamor carefully organized by the promoter for continuance of his operations, urging each patient and supporter to write the press and the Minister of Health, praising his charitable principles. The promoter's visitor's visa finally expired however and he disappeared but left an agent in charge of operations who has moved a couple of times but is now back in the Peace River area. He appears to be making no attempt to train any student missionaries but may be just holding the fort till the promoter reappears.

12. Prodded perhaps to some degree by this peculiar surge of propaganda, the Minister of Health announced suddenly to the Board of the Alberta Dental Association that he proposed introducing the New Zealand dental nurses scheme for services in what are known as Health Units in the province. These units, 24 in all, extend in most cases from central outward to fringe areas which cannot maintain health personnel, each administered by a locally appointed chairman and Board with a Medical Officer of Health and one or more qualified nurses. Each of these Boards' operations are financed by local taxes and by grants from the provincial government, 40% being paid by the Unit and 60% by the Department of Health.

13. The Minister made his proposal on a Friday and asked the Board's cooperation by approving this arrangement in time for him to present it to the Executive Council on the following Monday.

14. An emergency session of the Board agreed that the arrangement was not based on sound principles of practice for public welfare nor on professional relations and asked the Minister for a further period of study, agreeing to outline a program that would meet the needs of the situation, and, equally important, would maintain the standards of professional service deemed necessary by the profession.

15. For convenience, a fairly large committee was appointed in Edmonton, under the direction of Dean H. R. MacLean, Faculty of Dentistry, University of Alberta, with a number of members of his staff and representation from the Board. This committee held frequent meetings during the subsequent week, developing a plan based on the use of dental hygienists under direct supervision and control of a dentist employed by the Health Unit. This plan was reviewed, amended, and rewritten several times until a final draft emerged that was approved by the Board and could be presented to the Minister as a workable and acceptable alternative to the New Zealand scheme and could be applicable not only to public health requirements but also to the private office as an aid to increasing service to children.

16. Following a number of reviews with the Minister and members of his department he finally approved the principles set out in the draft and ultimately, though the 1960 session of the Legislature was in progress already, a bill was drafted which, however, varied in certain important particulars from the plan proposed by the committee and the Board.

17. Due to the urgency of the situation, the Board held an emergency meeting in Edmonton which the Minister agreed to attend early on a Saturday. At this meeting the bill was considered carefully, section by section, and the reasons for the objections of the Board to some clauses were explained carefully and logically. On one or two points, the Board agreed that the Minister's ideas were probably necessary to meet the exigencies of the situation. The Minister, on the other hand, where he considered the objections of the Board would not interfere with proper operations of the service, accepted major changes which were incorporated in a further draft and finally approved by the government and the board. The bill was presented as a government measure and passed third reading without discussion. A particularly notable feature was that the Minister emphasized throughout in all public statements that the act had been prepared throughout with the assistance and support of the dental association and that, in his opinion, the dental profession in Alberta deserved the highest commendation for their interest in the welfare of the public and particularly in the health of the children.

18. In a general way, this Dental Auxiliaries Act, as it is known:

(a) Defines a dental auxiliary as a person, other than a dentist, who is trained to perform the dental services specified in the regulations;

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(b) Defines the authority under which such auxiliaries may operate;

(c) Provides for the training of such auxiliaries at the University of Alberta, and prescribes the qualifications for admission to such training, the courses required, the fees to be charged for training and the practical experience to be obtained:

(d) Establishes a Dental Auxiliary Committee to administer the general program, such committee to be composed of the Director of Dental Health Services in the Province, a representative of the Alberta Dental Association to be appointed by the Board, and three other members selected by the Minister of Health, one of whom shall be a member of the General Faculty Council, University of Alberta; The committee as finally selected is a competent and informed body.

(e) Establishes qualifications required for graduation and licensure and stipulates that services of such auxiliaries shall be rendered only under the supervision or direction of the dentist employed by the local health authority and assures that the dentist accepts responsibility for services rendered by the auxiliary:

(f) Defines disciplinary procedures;

(g) Provides limitations for employment and the services which may be rendered under the regulations;

(h) Defines the penalties provided for offences under the Act, the areas in which the auxiliaries may be utilized, the duties of the Auxiliary Committee, forms and other matters consistent with the content of the Act.

19. Before the Act becomes operative in any Unit area the Board of the Health Unit must agree to the operations as outlined in the Act and may not deviate from these provisions.

20. This legislation creates an anomalous difficulty. Since 1950, the Dental Act in Alberta recognizes the use of dental hygienists in private offices but sets up no controls except a clause that the Board may make by-laws for their control and regulation but, due to the wording, does not provide the necessary power to include any effective regulatory provisions so that by a liberal interpretation, hygienists might set up private offices doing the things usually done by hygienists.

21. The Board of Directors of the Alberta Dental Association believes that, provided the requirements and standards of this Act are maintained, the establishment of such auxiliaries is a progressive step, wholly consistent with professional principles, integrity and standards.

22. Since the two years minimum training required to develop such auxiliaries will limit the provision of these services until graduates may be available, in order to help alleviate the situation which has existed in outlying areas, some Health Units have hired dentists on a full-time basis, others for summer periods only, to undertake examinations and

perform emergency services for children's groups up to and including Grade 1 or, in some cases, Grade 2. Where necessary, the Board has arranged to supply dentists on a voluntary basis for short periods, usually two weeks, such volunteers to be paid by the Health Unit on a prearranged scale which is quite satisfactory. In short, the Alberta Dental Association, through its Board, is recognizing the dire need of children in these areas and has agreed to cooperate to the fullest extent. This is recognized by the minister and by the government and, it is hoped, may help maintain the relations established in the discussions prior to the enactment of this legislation.

23. Saskatchewan

Following the astounding and unaccountable action of the Saskatchewan Legislature in 1959 when in a flurry of heedless haste it deleted from the Saskatchewan Act practically all restrictions on dental practice except for surgery and some operative procedures, the Council of the Saskatchewan College and most members must have had many periods of discouragement and humiliation. The profession in other provinces was equally disturbed and apprehensive. This period did however give time for reassessment of the situation and gloom gave way to a new determination to reorganize for battle. The Council and its committees assembled early in the fall to plan a new and more aggressive campaign against the legislation which, it was now evident, had been based on error. This hard hitting plan operated on the theory that nothing could be lost by aggressive effort and any change could be only for the better.

24. The job of preparing this material and developing a comprehensive plan was handed to the Legislative and Public Relations Committee of the College, which for the purpose, combined forces with the Council. This group, attempting to get a clearer picture of what had happened and at the same time, an insight into government reaction, reviewed the happenings with a number of members of the government and representative MLA's of the various parties. A glimmer of understanding, by inference mostly, seemed to indicate that the government or some members at least were not happy over the results, recognizing that such drastic regulation of dental practice in the province was now entirely out of hand, harmful to the public and beneficial to no one. Even many of those favoring illegal mechanics admitted grudgingly that the legislature had gone further than intended.

25. The committee and other individuals prepared an information kit and a brochure "Dental Health in Saskatchewan" for distribution to all dental offices and daily newspapers, setting forth the profession's attitude towards illegal practice. Some influential newspapers had been decidedly critical of the College and had shown lamentable ignorance of the true situation during the previous session of the legislature. The already

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diminishing supply of dentists in the province, which during the year, for various reasons, had decreased by 8, brought an even more disturbing picture for the future into focus. Labor organizations were interviewed on dental matters. Peculiarly, indeed, labor supported the illegal labs and opposed the dental legislation as establishing a "closed shop", the very keystone of unionism. Yet, where service on a group basis for their members is under discussion, national labor organizations have in the past proclaimed loudly that they want only the best service available, cost being a secondary matter.

26. Informal luncheon meetings for the presentation of informative material to MLA's were arranged after the 1960 legislature had assembled in Regina.

27. In the meantime the committee with its solicitor and assistance and advice from important persons had drafted certain amendments deemed necessary to again place the practice of dentistry under proper control:

(a) An all inclusive definition of dentistry.

(b) A definitive section of what constitutes an offence and provision for suitable deterrent penalties.

(c) A prescription clause regulating both dentist and technician.

A section eliminating the making of minor repairs, from the penalty section, was insisted on by the legislature.

28. The government dodged responsibility for introducing the amendments as a government bill indicating there was still considerable controversy within the party but a government member agreed to sponsor it.

29. In the meantime, the technicians' association had also been preparing a comprehensive regulating bill and, of course, the illegal mechanics were busy with their peculiar version of education and regulation.

30. Towards the end of February, the Bill to amend the Dental Profession Act and the technicians' bill were given first and second reading. The mechanics' bill received first reading a week or so later. The labor councils of both Saskatoon and Regina presented prepared briefs supporting the illegal mechanics, criticizing the dental profession as operating a closed shop.

31. The Law Amendments Committee, finally late in March, approved both the dental profession bill and the technicians' bill, both being given third reading by the legislature on the 25th of March. The illegal mechanics' bill was withdrawn.

32. The technicians' act, as approved by the legislature, requires all dental technicians to register as members of the technicians' association. The proclamation of the two acts will be at the discretion of the cabinet. The proclamation of the two acts was effected on September 1, 1960.

33. This successful and somewhat surprising conclusion from an apparently hopeless mess indicates what can be done by an intelligent, concerted and well organized campaign, though it must be assumed that considerable help arose from the fact that the previous legislature had compounded a legislative mulligan from which, in attempting to rectify, they possibly reacted further than intended. The Saskatchewan Council, the members of the College and the various committees involved must be acclaimed for doing a tremendously fine job. Recognition must also be given to the ethical technicians of the province for their assistance and help throughout a difficult period, which also resulted in their attaining a satisfactory legislative position. The illegal labs must be credited with a few assists in that they persisted in illegal practice, several being convicted during and just prior to the legislative session.

34. The by-law prepared by the Council of the Saskatchewan College, relating to minor repairs, reads as follows: "A minor repair is one that does not require the alteration of any human tooth or tissue, or the taking of an impression in the oral cavity to effect such a repair". The by-law is now in effect.

35. The College now considers that one of its main jobs henceforth is to improve the status of the profession in public opinion by whatever means possible and to prepare a guidance and recruitment program for inducing a further supply of students in dentistry by extending financial help and by encouraging Saskatchewan students to return to their own province to practice.

36. **Manitoba**

In Manitoba, the board of the provincial association had been studying desirable amendments to their act and canvassing the attitude of the members of the legislature for a couple of years. This generally did not appear to be very favourable and was potentially dangerous in that government indicated little concern in the field of public dental health. The illegal labs, in the meantime, had prepared a bill for the 1959 legislature which never got off the ground, due to the sudden dissolution of the legislature.

37. For several years the Manitoba Dental Association had promoted an aggressive campaign against illegal practice. While the prosecutions were successful, it was evident that an ever-broadening group of such violators was becoming established and repeated convictions were not efficient deterrents. On the other hand, public relations were deteriorating, hence it was imperative that certain changes in the Dental Act were necessary if the public and the profession were to be properly protected against irresponsible and harmful conditions.

38. Discussions with certain members of the government showed that

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restrictions favoring any profession were not good politics and that, in fact, there was considerable support for the illegal practitioners which might develop into legislation directly opposed to that intended. So this approach was held in abeyance, awaiting possible changes. It was hoped that the election of a new government in 1958 might establish a more favourable atmosphere. In the meantime, legislation prepared by both the dental association and the illegal labs did not reach the legislature.

39. The problem had been complicated by the now widely quoted Paynter report to the University of Manitoba, one basic recommendation of which, concerning the training and use of technicians to help supply the need for prosthetic services, was firmly fixed in the minds of the government and its officials. The Manitoba board, after exhaustive study, keeping the recommendations of the Paynter report in mind, decided that four amendments to the existing dental act might clarify the situation:

(a) A prescription clause requiring a written order for prosthetic appliances from the dentist to the technician;

(b) An injunction clause to halt abruptly any deviation from legal operations by mechanics;

(c) A trial clinic of some sort under the control and management of the association to provide, on a community basis, a cheaper denture service for the public; and

(d) Enlarging the duties of a dental hygienist, already having a background of basic university requirements, to include certain preliminary procedures in making dentures such as taking impressions and establishing jaw relationships but always under the supervision and direction of a registered dentist.

40. This latter suggestion was included in order to forestall an appeal by illegal mechanics for immoderate concessions. It should be emphasized that these amendments were defined only after numerous conferences with government representatives.

41. In the meantime, the illegal mechanics had prepared two bills for presentation at the same time and had flooded members of the legislature and the government, railway unions, farm organizations, and other groups with propaganda material, begging support for their campaign. The ethical technicians also drafted a complete new separate bill.

42. The association sponsored two brochures, one outlining the dangers of permitting unqualified persons to practise in any form within the human mouth as had been experienced in many other lands, and the second explaining in detail the reason for the proposed amendments. These were circulated throughout the province to any individuals or groups concerned with the welfare of the public. It should be noted that these memoranda were in excellent form and sequence so that the legislators had as complete information as possible on the amendments and the effects on the public.

43. The administration and cost of the proposed clinic is entirely in the hands of the profession and, so far, consideration has not been given to establishing other than one in Winnipeg. The fees to be charged are at an extreme minimum expected to cover the bare cost of operations. No means test is required, so the service is open to all members of society. The clinic will be staffed by the association with a management committee of six members, four of whom represent the association with two appointed by the Minister of Health, and also provides for an inspector appointed by the association. The injunction clause should prove to be a very useful provision.

44. It may be of interest and pertinent to existing situations, to know that as of July 1, 1960, the Government of Manitoba has approved health treatment services for the recipients of provincial social service benefits, among these being provisions for dentures, available through the offices of private practitioners.

45. These legislative changes in the western provinces have been under critical study and have been publicized throughout Canada and the United States where several states have been faced in recent years with the same difficulties, e.g. Idaho, California and, more recently, Washington where a potentially much more dangerous scheme has been planned.

46. Auxiliary services in all fields are of increasing importance to dental practice since each in its own sphere helps materially in rendering more and better service to the public. The threat of intrusion into the actual practice of dentistry by such groups has sparked criticism in widely separated parts of the country, and in fact, when related to happenings in other lands is a world wide problem.

47. On January 11 and 12 this year, the first of what is expected to become annual meetings of the secretaries of corporate members was held in Toronto. A considerable part of the discussion related to auxiliary personnel and their proper place in dental practice.

48. The meeting endorsed the following resolution:

"The difficulties presented to the profession in its legal and legislative relationship to its auxiliary services constitutes the most serious problem the profession is facing today. It is vital that the dental profession must give leadership to professional matters and concerns from within the profession, hence it is fundamental that sound, reasonable and practical policies should be available for guidance of our activities. Therefore be it resolved that further efforts be made by both the corporate members and the Canadian Dental Association to define the desirable role of auxiliary services in dentistry and their necessary training in order to permit an informed profession to utilize auxiliary personnel to the extent of their recognized designated functions".

It will be noted that this resolution is broad and flexible.

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49. In the United States on March 19, 1960, the members of the Council on Dental Education of the A.D.A. and representatives of the American Association of Dental Schools considered the impact of proposed legislation in the western provinces of Canada on the utilization of certain auxiliary services in dental health care, and the possible effect on dental education.

50. The above group reiterated the attitude of the American Dental Association and its Council on Dental Education on utilization of auxiliary dental personnel to render optimum care of the public, based on the association policy "that the dentist is the only person who, by virtue of his education and training, is qualified to perform all the functions and to assume all the responsibilities afforded him by law".

51. The group further affirms "that auxiliary personnel should work under the supervision of a dentist and that he or she will perform only those functions for which they have obtained adequate education and experience. They do not feel there is justification for extending the duties of auxiliary personnel and that any such extension would be contrary to the policies of the American association. Both the bodies believe they should concern themselves with the effect that these proposed changes may have upon the dental education program and the programs for auxiliary dental personnel in Canada".

52. The Council on Dental Education of the American association accredited its those schools approved by the Council on Dental Education of the Canadian association, this being based on the utilization by the Council on Dental Education of the Canadian Dental Association of the same basic standards and curriculum required by the American association. The American group warned that the Canadian accreditation program might be reviewed and perhaps modified by the trend indicated in Canada of training auxiliary personnel in fields not recognized by the American association. The American group warned that extension of auxiliary services might result in a change in the basic philosophy of dental education.

53. Following the statement issued at this meeting, there appeared in the April 1960 issue of the Journal of the American Dental Association, an editorial entitled "Northwest Passage—Beware", warning of the possible effects of the western Canadian proposed legislation concerning auxiliaries and the future relationships of the profession and the auxiliaries in the United States.

54. About the same time, the president and secretary of the American association wrote Dr. Gullett, suggesting a combined meeting of the Board of Trustees and other representatives of the American association, with the Executive and other representatives of the Canadian Dental Association, to discuss the problems of auxiliary services. The representatives of the A.D.A. had, just prior to this, visited the Washington State Dental Society to investigate a situation which had arisen there, whereby, following a

petition requiring at least 100,000 signatures by a specific date, the state legislature must provide for a plebiscite on whether the illegal labs should be authorized to work directly for the public. Dental representatives in Washington State referred repeatedly to the potential dangers of the pending legislation in the western provinces.

55. The meeting requested was arranged for Toronto on May 6 and 7, 1960, with 26 representatives from the American association and 16 from the Canadian. The whole situation relating to auxiliary personnel was discussed in an amiable, though sometimes critical and always frank manner, with each expressing their thoughts freely. The American position was concerned principally with technicians; the Canadian, with technicians and the possibility of extending the services of hygienists. At the beginning, there was considerable criticism of the Canadian attitude, based particularly on lack of knowledge concerning the difficulties facing health authorities in western provinces due to distances, sparse population, communication difficulties and geographical factors. Later, some of this was modified so far as individual attitudes were concerned, but toward the end of the meeting the American association representatives reiterated their present policy, with a long range program of public education on dental problems and emphasis on the relation of proper dental services to dental health. Later, a joint statement was issued, urging an educational program for public health bodies, committees and local groups on the need for the integration of dental care into the total health program, always recognizing the necessary high standards of dental service.

56. At a meeting of the Council of the Federation Dentaire Internationale, held in Dublin, Ireland, towards the end of June, a resolution was adopted by the general assembly, defining relations between the dental profession and dental technicians, advocating:

(a) The establishment of formal training courses for technicians at the vocational level, with the profession cooperating in instruction;

(b) Support of legislation for technicians, where desirable, by the profession, provided such legislation protects the health of the public by recognizing that only the profession has the education and training to provide prosthetic services;

(c) The support for any measures designed to improve the educational and economic status of the dental technician.

57. The contribution of dental technicians' services to public welfare through the profession, was acknowledged, but the F.D.I. recorded its opposition to all legislative measures designed to permit the actual practice of dentistry by technicians.

58. Some local labor councils have in recent years developed an antagonistic attitude toward the professions, particularly those in the health field. This has been evident wherever health insurance plans have been advo-

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cated as in Britain, in our own federal House of Commons and lately, in Saskatchewan. Local labor councils supported the legislative efforts of the illegal labs in Alberta a couple of years ago, in Saskatchewan this year and sponsored the petition mentioned above in the State of Washington which, by the way, failed to meet the objective of 100,000 signatures by the cut-off date. A labor political party was responsible for the legislation in Tasmania permitting mechanics to practice prosthetics and now the government of New South Wales has announced similar action is pending.

59. It must be recognized that the pattern of dental practice is changing. Dentistry must acknowledge that this has not occurred due to any initiative from within the profession but is being "roughed out" for us by governments, by demands from the public, by the apathetic attitude of most dentists towards any change, further, by what the public believes to be unjustified increases in dental fees particularly for prosthetics. But as much as any single thing, it is due to criticism by the public for failure to provide reasonably adequate services outside of urban centres. By some means not apparent at the moment measures must be found to meet these challenges even though some of them may be due to misunderstandings and misconceptions.

60. Conclusions

Superficially, it may appear to be a coincidence that legislation should erupt in the four western provinces in a given year and legislation attempting to regulate conditions be approved. Actually, the problems have developed over a period of many years though under slightly varying circumstances in each province but for the same basic reasons:

- (a) The overhead of dental offices;
- (b) The illegal practice by unqualified persons;
- (c) In the opinion of the public, the prohibitive and widely varying costs of prosthetic services through private offices;
- (d) The lack of facilities for dental services in many rural and outlying districts in the provinces due to distances between centres capable of supporting a dentist.

61. In Canada one university school is committed to a training program for certain individuals to receive instruction in preliminary prosthetic procedures; another school is expected to organize courses in some minor operative techniques, but in both cases the services rendered will be under direct supervision and control of the profession.

62. Recommendations

- (a) In view of the changing pattern of dental practice, this committee recommends that the executive officers and the Board of Governors review

and define the future role auxiliary services may serve in dental practice, the training such auxiliaries of all kinds would be required to have to function properly and the authority to be maintained by the profession.

(b) We recommended that an attempt be made to establish some sort of understanding with labor organizations on dental health matters. This probably should be discussed at the top level of union organization.

(c) The committee recognizes that it is impractical and undesirable to establish anything like a uniform fee for prosthetic services across the country but recommends that the Canadian Dental Association impress on the corporate members the importance of the need for the members of each corporate body to conform to a reasonably uniform standard for similar conditions and services within the corporate and adjoining areas.

(d) Recommendation is made that fee assessment for prosthetic services should be reviewed by the Health Insurance Studies Committee as this consideration has a definite relationship to the illegal practice of prosthetic dentistry.

COMMENT AND ACTION

1. Noted.
- 2, 3. Informative.
- 4, 5. Informative.
6. Informative—We commend the representative of the B.C. College for untiring efforts in the interests of dentistry.
7. Informative.
8. Significant comment.
9. Interesting information.

Comment

Organized dentistry in the province of B.C. has faced a difficult period. It is recognized that the problem is not peculiar to that province alone, but having developed over many years—and in other provinces as well—it presents a method of taking care of a situation with which we perhaps can not all concur, but from which we can derive considerable knowledge that will serve to guide interested dental bodies of the pitfalls and dangers in legislation pertaining to dentistry.

We commend the Victoria Dental Society for an admirable attitude.

10. Information.

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- 11. Informative.
- 12 - 18. Extremely interesting information.
- 19 - 22. Interesting information.

Comment

Since Alberta was faced with a sudden showdown of action, the organized professional dental bodies of that province must be commended for the forthright manner in which they met a situation that could have had serious implications. Though there are perhaps some areas of procedure with which there may be differences of opinion it must be recognized that it has met a situation for the present at least, with a reasonably satisfactory result.

- 23 - 26. Information.
- 27 - 31. Informative.
- 32. Noted.
- 33. Noted with interest.
- 34. Information.
- 35. Information, and every hope of success.

Comment

The sudden and unaccountable action of the Saskatchewan Legislature presented another problem, which though it had been in the making for some time, placed organized dentistry in that province in a most awkward position. The College has done a most effective job of convincing a legislature that such drastic action was not at all satisfactory and was beneficial to no one. It is earnestly hoped that their campaign of education in all areas will continue to function in its well intended and constructive manner.

- 36 - 44. Information.
- 45, 46. Agreed.
- 47. Noted.
- 48. Noted. A resolution at the conclusion of this report indicates an expression of attitude.
- 49. Noted.
- 50, 51. Information.
- 52. The action of the American group is viewed with deep regret.

53. Information only.

54 - 57. Information.

58, 59. Noted.

60. Agreed.

61. Information.

62. (a) Agreed. A resolution in support follows:

WHEREAS the "Policy Statement—Projection of Dental Services in Canada"—of the C.D.A. Executive Report—Appendix B.—in regard to the role and duties of auxiliary services outlines the accepted views, therefore be it

RESOLVED that the C.D.A. Executive proceed to take the steps necessary to implement the policy as outlined.

ADOPTED

(b) Agreed. A resolution in support follows:

WHEREAS there appears to be a need for greater knowledge and appreciation of the objectives of health services on the part of some labour unions, particularly at the local level and

WHEREAS this is especially true in relation to dental health care and

WHEREAS there is also a lack of knowledge and appreciation of the factors determining the cost of providing dental health care and

WHEREAS the dental profession has a responsibility to educate the public in matters of dental health and

WHEREAS it would appear that the more effective and efficient way to educate the general membership of unions is through the senior officials who could then offer guidance to the local organization, therefore be it

RESOLVED that the Executive of the C.D.A. seek opportunities for informal meetings between senior union executives and similar members of this Association to discuss problems of mutual interest.

ADOPTED

(c) (d) We concur.

We recommend the adoption of the report of the Auxiliary Services Committee.

APPROVED

BY-LAWS

MEMBERS: *H. M. Cline, Chairman, Vancouver, B.C.; G. V. Fisk, Toronto, Ont.; K. M. Johnson, Winnipeg, Man.; A. G. Racey, Montreal, P.Q.*

REPORT

1. At the last meeting of the Board of Governors consideration was given to proposed changes in the by-laws of the Association with a view to bringing them up to date and in line with the present needs of the Association. Very few changes have been made since the original by-laws were adopted in 1942.
2. The Board of Governors was asked to express an opinion on proposed changes so that a more considered outlook could be ready for this meeting of the Board.
3. At the same time the Terms of Reference of Committees were reviewed, recommendations made and new Terms of Reference were adopted.
4. Since the last meeting of the Board and arising out of discussion at its last meeting some points were submitted to the Corporate Members of the Association for opinion. In addition, the proposed new by-laws have been carefully reviewed by the Executive, by the Committee on By-laws, and by the solicitor of the Association. When deemed to have been ready for this meeting of the Board the new By-laws were sent out, under proper notice, to the Corporate Members as required under Article IX of the Constitutional By-laws (and dated June 6th, 1960) and Article XVI, Section 1 of the Administrative By-laws. Copy of the proposed new By-laws was in the hands of the Secretary before June 6th, well within the deadline for sending out notice of amendment.
5. It will be noted that the Constitutional and Administrative By-laws have been combined, and that it is proposed to incorporate the Terms of Reference in the new by-laws. This is a more modern method.
6. The proposed new by-laws are appended to this report and include in a separate column, adjacent to the by-laws or terms of reference under review, explanatory remarks pertaining thereto. It should be realized by this Board that a revision of the By-laws such as you now consider is a major project but should not be viewed as a completed document. It should be constantly under review.

You will note by section 4 that this effort has had much study from several sources including the present Reference Committee, yet this same observation applies in that it should be viewed as being a servant of the Board not the Board it's servant. By that I mean when the by-laws are not performing the function intended they should be changed by proper procedure. You will note a number of changes, mostly of a minor nature, that have been suggested by the Reference Committee.

I do very sincerely appreciate the very careful consideration given by the other members of the Reference Committee to produce a document acceptable to this Board.

7. As Chairman of the Committee on By-laws I wish to thank Dr. Gullett for his untiring efforts and invaluable aid without which these revised by-laws in their present form would not be possible. I wish to thank the Executive for the endless time and thought that has contributed so much to this project and the members of my committee for the prompt manner in which they have offered opinion and advice when requested; finally, Dr. Gullett's staff for the able manner in which they have carried out the duties associated with these by-laws.

8. It is recommended that the by-laws be approved for submission to and final ratification by the Association at this annual meeting.

BY - LAWS

ARTICLE I

NAME

Section 1. In and for the Dominion of Canada, there shall be an incorporated Dental Association hereinafter called "the Association" which shall assume and continue all functions and activities heretofore undertaken or performed by the unincorporated Association known as the "Canadian Dental Association, L'Association Dentaire Canadienne."

Section 2. The name of the Association shall be in English the Canadian Dental Association, and in French, L'Association Dentaire Canadienne.

ARTICLE II

MEMBERS

Section 1. *Corporate Members*—shall consist of provincial statutory dental corporations which shall have been admitted to corporate membership by the Association at a duly called meeting. Continuance of membership by corporate members shall be contingent upon the payment of an annual grant satisfactory to the Board of Governors, and pursuant to Article XVI. No corporate members shall withdraw from membership except upon notice given one year in advance of the intended date of withdrawal.

Section 2. *Individual Members*—shall consist of persons who are registered as members of corporate members and who have been admitted to membership in the Association upon the recommendation of the governing bodies of corporate members who may in their absolute discretion refuse to recommend any person for admission to membership in the Association as an individual member, and shall not be bound to give any reason for such refusal.

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Section 3. *Honorary Members*—shall consist of persons who shall have made meritorious contributions to the art and science of dentistry, or who shall have rendered valuable service to the Association, and such other persons as may be determined by the Board of Governors, and who shall have been nominated by the Executive Council and then elected to honorary membership by the Board of Governors, and who shall have consented to such election.

Section 4. *Associate Members*—shall consist of persons who shall have made application for and shall have been admitted to associate membership in the Association by the Executive Council.

ARTICLE III

PRIVILEGES OF MEMBERS

Section 1. *Individual Members*

- (a) An individual member in good standing shall be entitled to receive annually a certificate of membership and the Journal of the Canadian Dental Association, to attend scientific meetings of this Association on payment of applicable registration fees and to enjoy all other facilities of the Association.
- (b) An individual member in good standing shall be eligible for election as a representative to the Board of Governors.
- (c) An individual member in good standing shall be eligible for election or appointment to any office or agency of this Association, except as otherwise provided in these by-laws.
- (d) An individual member under disciplinary sentence of suspension shall not be privileged to hold office of any kind in this Association or to participate in its proceedings.

Section 2. *Honorary Members*

An honorary member shall be entitled to receive a certificate of honorary membership and the Journal of the Canadian Dental Association. He shall be entitled to attend scientific meetings under the auspices of this Association without payment of registration fee.

Section 3. *Associate Members*

An associate member in good standing shall be entitled to receive an annual certificate of membership and the Journal of the Canadian Dental Association. He shall be entitled to attend scientific sessions of the Association on payment of applicable registration fees and to enjoy such other services as are authorized by the Executive Council.

ARTICLE IV

OFFICERS & OFFICIALS

Section 1. The elective officers shall be President and President-elect.

Section 2. The appointed officials shall be Secretary, Treasurer, Assistant Secretaries, (one of whom may be Deputy Secretary), Editors, Managing Director and such other officials as may be appointed by the Executive Council. Appointed officials shall be appointed by Executive Council and shall have no vote at any meetings of the Association or committees thereof.

ARTICLE V

BOARD OF GOVERNORS

Section 1. *Composition*

There shall be a governing body called "Board of Governors" which shall consist of the President of the Association, the Immediate Past President, the President-elect and representatives appointed or elected by the corporate members in section (2) (a) provided.

Section 2. *Elections.*

- (a) Each corporate member shall be entitled to appoint or elect one of its members to the Board of Governors, and shall be entitled to appoint or elect an additional representative for each additional five hundred of its members or major portion thereof.
- (b) Each corporate member shall appoint or elect a representative or representatives to the Board of Governors in such manner as the corporate member may decide, and such appointment or result of such election shall be forthwith certified to the Secretary of the Association by the Secretary of the corporate member, or other officers.
- (c) When the representative of a corporate member is elected President of the Association that corporate member may elect an additional representative to the Board of Governors for the duration of the said President's term of office.
- (d) The Immediate Past President shall be an ex-officio member of the Board of Governors and of the Executive Council.

Section 3. *Certification*

The secretary of each corporate member shall file with the Secretary of the Association at least sixty (60) days prior to the first day of the annual session of the Board of Governors the names of representatives or alternate representatives designated by the said corporate member. The secretary of each corporate member will provide each representative with proper credential for presentation to the designated official at the opening of the annual session.

Section 4. *Powers*

- (1) The Board of Governors shall be the supreme authoritative body of the Association.
- (2) It shall determine the policies which shall govern the Association.

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- (3) It shall have power to enact, amend and repeal the by-laws governing this Association.
- (4) It shall have the power to adopt and amend the Code of Ethics for governing the professional conduct of the members.
- (5) It shall have the right to elect honorary members.
- (6) It shall have the power to approve all memorials, resolutions and opinions issued in the name of the Association.

Section 5. *Duties*

It shall be the duty of the Board of Governors

- (1) To elect the elective officers.
- (2) To elect members of the Executive Council.
- (3) To elect members of the councils and committees.
- (4) To receive and act upon reports of the councils and committees.
- (5) To adopt an annual budget.
- (6) To serve as the court of appeal for any matters under dispute within the Association.

Section 6. *Annual Session*

The Board of Governors shall meet annually at such time and place as may be determined by the Executive Council.

Section 7. *Special Session*

A special session of the Board of Governors shall be called by the President on three-fourths ($3/4$) affirmative vote of the Executive Council or on written request of two-thirds ($2/3$) of the members of the Board of Governors. The time and place of the special session shall be determined by the President but must not be more than forty-five (45) days after receipt of request. The business of a special session shall be limited to that stated in the official call of the session except by unanimous consent.

Section 8. *Quorum*

A majority of the voting members of the Board shall constitute a quorum.

Section 9. *Notice of Meeting*

(a) *Annual Session*

The Secretary of the Association shall cause to be published in the Journal of the Canadian Dental Association an official notice of the time and place of each annual session and shall send to each member of the Board of Governors an official notice of the time and place of the annual session at least thirty (30) days before the opening of each session.

(b) *Special Session*

The Secretary of the Association shall send an official notice of time

and place of each special session and a statement of the business to be considered to each member of the Board of Governors not less than fifteen (15) days before the opening of such session.

ARTICLE VI

EXECUTIVE COUNCIL

Section 1. There shall be an Executive Council of the Association.

Section 2. *Composition*

The Executive Council shall consist of the President, President-elect, Immediate Past President, and four other members elected by the Board of Governors from its membership. The appointed officials of the Association shall be ex-officio members without the right to vote.

Section 3. *Qualifications*

A member of the Council must be an active member of this Association. Should the status of any member of Council change in regard to the preceding qualification during his term of office, that office shall be declared vacant by the President and he shall fill such vacancy as provided in Section 7 of this article.

Section 4. *Terms of Office*

The term of office of a member of the Council shall be three years. The consecutive tenure of a member of Council shall be limited to two terms of three years each.

Section 5. *Election*

Council members shall be elected during the Annual Meeting of the Board of Governors as designated in Article XIII of these by-laws.

Section 6. *Installation*

The members of Council shall be installed by the President or by his designee.

Section 7. *Vacancy*

In the event of a vacancy in the membership of the Council, the President shall appoint a member of the Board of Governors to fill such office until a successor is elected at the next following Annual Meeting of the Board of Governors.

Section 8. *Powers*

- (a) The Council shall be the managing body of the Association, vested with full power to conduct all business of the Association, when the Board of Governors is not in session, subject to the Constitution and By-laws and mandates of the Board of Governors.
- (b) The Council shall have power to establish rules and regulations not inconsistent with these By-laws.

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- (c) The Council shall have power to direct the President to call a special session of the Board of Governors, as provided for in Section 7 of Article V.
- (d) The Council shall have full discretionary powers to cause to be published in or omitted from any official publication of the Association, any article in whole or part, except the editorials written or approved by the Editors.
- (e) The Council shall have power to establish ad interim policies when the Board of Governors is not in session and where such policies are essential to the management of the Association, provided, however, that such policies must be presented for review at the next following session of the Board of Governors.

Section 9. *Duties*

- (a) To provide for the maintenance and supervision of Headquarters Property, owned or operated by the Association.
- (b) To appoint individual members of the Association to the Offices of Secretary, Treasurer, and Editors.
- (c) To determine the date and place for convening each Annual Meeting and to control all clinics and exhibits. The Council may appoint local committees of arrangement to be at all times under the control of the Council.
- (d) To cause to be bonded by a surety company all appointed officers and employees of the Association entrusted with Association funds.
- (e) To cause all accounts of the Association to be audited by a certified public accountant at least once a year.
- (f) To prepare a budget for carrying on the activities of the Association for each ensuing fiscal year.
- (g) To review reports prepared for presentation and make recommendations concerning such reports to the Board of Governors.
- (h) To submit an annual report of Council activities to the Board of Governors.
- (i) To nominate honorary members.
- (j) To perform such other duties as are prescribed in these By-laws.
- (k) To admit associate members subject to Article II, Section 4.

Section 10. *Sessions*

- (a) The Council shall hold three sessions each year.
 - (i) One immediately after the close of each annual session of the Board of Governors.
 - (ii) One mid-term session at the call of the President.
 - (iii) One session immediately preceding each annual session of the Board of Governors.

(b) *Special Session*

Special sessions of the Council may be called at any time by the President. The President shall call a special session on request of five voting members of the Council, provided at least ten days' notice is given to each member in advance of the session. No business shall be considered except that provided in the call unless by unanimous consent of the members present and voting.

Section 11. *Quorum*

A majority of the voting members of the Council shall constitute a quorum.

ARTICLE VII

DUTIES OF ELECTIVE OFFICERS

Section 1. *President*

It shall be the duty of the President

- (a) To preside at all meetings of the Association, Board of Governors and Executive Council in accordance with recognized parliamentary usage.
- (b) To serve as an official representative of this Association in its contacts with government, civic, business and professional organizations for the purpose of advancing the objects and policies of this Association.
- (c) To serve as an ex-officio member of all councils and committees of this Association.
- (d) To deliver a presidential address at the Annual Meeting of this Association.
- (e) To make report at the Annual Meeting of the Board of Governors.
- (f) To make interim appointments in case of vacancies occurring in councils and committees.
- (g) To appoint special committees when considered necessary.
- (h) To call special sessions of the Board of Governors and/or Executive Council when necessary.
- (i) To sign all official documents requiring his signature.
- (j) To delegate his responsibilities for appropriate reason when he is unable to fulfil same.
- (k) To perform such other duties as may be provided in these by-laws.

Section 2. *President-elect*

It shall be the duty of the President-elect

- (a) To assist the President as requested in the performance of his duties.
- (b) To serve as Acting President in the event that the office of President becomes vacant.
- (c) To act as chairman of the Nominations Committee.

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- (d) To succeed to the office of President at the next annual meeting of the Board of Governors following his election as President-elect.

ARTICLE VIII

APPOINTIVE OFFICIALS

Section 1. The appointive officials of this Association shall include Secretary, Treasurer and Editors and as provided in Article IV of these by-laws.

Section 2. Any individual member in good standing may be appointed to an appointive office by a majority vote of the Executive Council.

Section 3. The salary and tenure of each appointive officer will be determined by the Executive Council.

Section 4. *Secretary*

The duties of the Secretary shall be:

- (a) To act as executive head of the central office of this Association.
- (b) To engage all employees except as otherwise provided in these by-laws.
- (c) To co-ordinate the activities of all committees, councils and bureaux of this Association.
- (d) To keep the records, minutes and be custodian of books, papers and documents.
- (e) To pay all accounts and keep accurate record of receipts and disbursements.
- (f) To furnish a surety bond in amount determined by the Executive Council, the premium of which shall be paid by the Association.
- (g) To perform such other duties as usually appertain to this office or as may be designated by the Executive Council or these by-laws.

Section 5. *Treasurer*

- (a) The Treasurer shall serve as custodian of all moneys, securities and deeds belonging to the Association.
- (b) He shall present the budget for the next succeeding fiscal year at the Annual Meeting of the Board of Governors.
- (c) Subject to the direction of the Executive Council he shall invest and disburse moneys belonging to the Association.
- (d) He shall perform such other duties as may be designated by the Executive Council or these by-laws.

Section 6. *Editors*

- (a) The Editor-in-chief shall exercise full editorial control over the publication of the Journal.
- (b) The French Editor shall be responsible for the content of the French Section of the Journal.

ARTICLE IX

COUNCILS

Section 1. The Councils of this Association shall be:

Council on Constitution & By-laws
 Council on Education
 Council on Ethics
 Council on Journalism
 Council on Legislation
 Council on Public Health
 Council on Research

Section 2. *Nomination*

All members of Councils shall be placed in nomination for office by the Chairman of the Nominations Committee at the Annual Meeting of the Board of Governors with the Chairman named in each case. Other nominations may be made by members of the Board of Governors.

Section 3. *General Rules*

- (a) The Chairman will present report at the Annual Meeting of the Board of Governors.
- (b) All appointments will be for a period of three (3) years.
- (c) Reappointment may be made for a second term of three (3) years.
- (d) The Chairman shall be responsible for presentation of a budget for the succeeding fiscal year on request of the Executive.
- (e) Any activities contemplated which are not covered by the stated duties must be sanctioned by the Board of Governors or Executive Council before action is taken thereon.
- (f) When a new chairman is designated, the former chairman shall turn over to the Secretary of the Association any funds on hand, together with pertinent subject matter.
- (g) A majority of the members present shall constitute a quorum and no meeting shall be regular without a quorum.
- (h) The Board of Governors may alter the rules or terms of reference at any time.

Section 4. *Terms of Reference for Councils*

- (a) *Council on Constitution & By-laws* shall consist of four members.

The duties of the Council shall be:

- (1) To recommend amendment to the by-laws, when considered necessary.
- (2) To recommend amendments, deletions and additions to the "Terms of Reference" for councils and committees, when considered necessary.

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- (3) To make all notices of motion for amendments and make report thereon to the Board of Governors.
- (4) To point out any procedure in the conduct of the business of the Association which is not in accord with the by-laws.

(b) *Council on Education* shall consist of six members.

The Council shall have power to appoint subcommittees within its membership and adopt such regulations for the government of its actions as shall be deemed expedient.

The Council shall have authority to appoint consultants, or advisors, and recommend for employment such other personnel as is needed from within or without the membership of the Canadian Dental Association for any purpose within its jurisdiction, provided that if such appointments involve expenditures of funds, they must be approved by the Board of Governors.

The duties of the Council shall be:

- (1) To give study to all matters relating to dental education.
- (2) To develop policies and make recommendations of the same to the Board of Governors in respect to matters relating to dental education.
- (3) To evaluate the various forms of dental education and to recommend revisions when necessary.
- (4) To accredit dental schools and periodically review such accreditation.
- (5) To support and foster the National Dental Examining Board, in co-operation with the provincial dental legal bodies, in order that facilities may be available to members of the profession to qualify for registration to practice, on a national basis.
- (6) In general, to discuss and recommend alterations in all forms of education for the improvement and welfare of all personnel in dentistry, in order to develop personnel equipped with adequate knowledge to fulfil all the requirements of the practice of dentistry and to take their proper positions in society as a whole.
- (7) To consider recruitment of suitable and desirable students in dentistry.

(c) *Council on Ethics* shall consist of five members.

The duties of the Council shall be:

- (1) To study all matters relating to the ethical standing of the profession.
- (2) To promote ethical principles in the profession.
- (3) To recommend statements of ethical standards that are in the best interest of all concerned.

- (4) To work with the corporate members for the establishment of ethical standards which are acceptable to the profession.

(d) *Council on Journalism* shall consist of six members.

The Council shall have power to appoint subcommittees from its membership and employ such personnel as necessary, within its jurisdiction, provided that if such appointments involve the expenditure of funds they must be approved by the Board of Governors.

The Council shall hold such meetings from time to time, as deemed necessary, at the call of the Chairman.

The Chairman shall present a financial statement for the current year and a Budget for the ensuing year at the Annual Meetings of the Board of Governors.

The duties of the Council shall be:

- (1) To publish the Journal of the Association.
- (2) To advise the Editor respecting policy of the Journal.
- (3) To control the type of advertising to appear in the Journal.
- (4) To make appointments in connection with the Journal in keeping with these by-laws.
- (5) To be responsible for the financing of the Journal.
- (6) To make report at the Annual Meetings and such other times as requested by the Board of Governors.
- (7) To carry out any other duties which may occur from time to time in connection with the publication of the Journal.
- (8) To carry out such other duties as the Board of Governors may direct.

(e) *Council on Legislation* shall consist of three members. The Council shall have the power to add the provincial registrars as advisory members.

The duties of the Council shall be:

- (1) To protect and further the interest of the dental profession in all matters of Federal legislation and/or regulations.
- (2) To give assistance to corporate members in any provincial legislative matter.
- (3) To carry forward such policies which call for legislative action as may have been initiated and carried to the legislative point in other councils or committees, after approval by the Board of Governors.
- (4) To oppose or endeavour to modify any proposed legislation which is in conflict with existing policies of the Association.
- (5) To study existing or proposed legislation relating to dentistry,

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directly or indirectly, and make the results of such studies available for the use of other councils or committees.

- (6) To include in an annual report a summary of newly adopted and also proposed federal and provincial legislation for the current year which may particularly affect the dental profession.
- (7) To make recommendations to the Board of Governors as may be considered advisable.

- (f) *Council on Public Health* shall consist of five members. Provincial chairmen may be advisory members.

The duties of the Council shall be:

- (1) To instruct the members of the profession in accepted dental health knowledge.
- (2) To instruct students, nurses and workers in other health professions in dental health.
- (3) To instruct lay groups and organizations in dental health information.
- (4) To prepare suitable lecture material, slides and films to assist the dentist in dental health presentations.
- (5) To co-operate with provincial dental boards.
- (6) To prepare pamphlets, charts, etc., for the information of the public in dental health.
- (7) To organize, plan and complete surveys in order to obtain reliable information on the needs of dental services.
- (8) To correlate the activities of the provincial committees in dental health projects.

- (g) *Council on Research* shall consist of fifteen members. They shall represent geographically the corporate members of the Association insofar as this is feasible.

The duties of the Council shall be:

- (1) To procure funds for the facilitation of research in dentistry.
- (2) To disseminate scientific knowledge.
- (3) To support, establish and encourage research.
- (4) To develop research personnel.

ARTICLE X

COMMITTEES

Section 1. The committees of this Association shall be:

- (a) Auxiliary Services
- (b) Convention

- (c) Headquarters Property
- (d) Dental Services
- (e) Hospital Services
- (f) Necrology
- (g) Nomenclature
- (h) Nominations
- (i) Specialists & Specialization
- (j) War Memorial Awards

and such other special and reference committees as may be determined by the Board of Governors and/or the Executive Council.

Section 2. *Nomination Procedure*

- (a) All members of committees except as provided for elsewhere in these by-laws, shall be placed in nomination for office by the Chairman of the Nominations Committee at the Annual Meeting of the Board of Governors with the Chairman named in each case. Other nominations may be made by members of the Board of Governors.
- (b) The Nominations Committee shall be elected by the Board of Governors at the Annual Meeting as provided for under Article XIII with the President-elect as Chairman.

Section 3. *General Rules*

The general rules for Committees shall be those set out for Councils in Article IX, Section 3 of these By-laws.

Section 4. *Terms of Reference for Committees*

- (a) *Auxiliary Services* shall consist of three members.

The duties of the committee shall be:

- (1) To study the need for and development of auxiliary dental personnel.
 - (2) To develop policies respecting auxiliary personnel.
 - (3) To make recommendations respecting the proper use and training of auxiliary personnel by the profession.
 - (4) To advise corporate members, when requested, concerning matters relating to auxiliary services.
 - (5) To cooperate with the Councils on Legislation and Education.
- (b) *Convention* shall consist of seven, or more, members residing in the area in which the succeeding Annual Meeting is to be held. The Chairman shall be designated by the Executive Council. The members of the committee shall be appointed by the Executive Council of the Association from a list of names presented by the Chairman of the Convention Committee. The President and Secretary shall be ex-officio members of the committee.

BY-LAWS

The Chairman shall make interim reports to the Executive Council. The committee shall have authority to appoint consultants, or advisors, and recommend for employment such other personnel as is needed in order to carry out its duties.

The duties of the committee shall be:

- (1) To survey the place of meeting and develop plans for the annual convention.
 - (2) To appoint subcommittees for the development and presentation of the convention.
 - (3) To be responsible for a program of high ethical character.
 - (4) To produce a balanced budget.
 - (5) To present a properly audited financial report within reasonable time following the convention.
- (c) *Headquarters Property* shall consist of three members.

The committee shall have power to appoint subcommittees, from time to time, as required, and to employ such personnel as necessary within its jurisdiction provided that if such employment involves the expenditure of funds, other than those already allotted to the committee, the approval of the Executive must be obtained.

The duties of the committee shall be:

- (1) To act as custodians of the headquarters property.
 - (2) To ensure that the building and contents are adequately covered by insurance.
 - (3) To arrange and oversee all necessary repairs and alterations to the building and grounds.
 - (4) In general, to accept responsibility for the maintenance and improvement of the headquarters property in keeping with professional standards.
- (d) *Dental Services* shall consist of seven members. The chairman of each provincial Dental Services Committee or its appropriate counterpart shall be an advisory member.

The duties of the committee shall be:

- (1) To study plans for health services in general, both proposed and in operation and, in particular, their relationship to dentistry.
- (2) To recommend for consideration principles and plans for dental health services.
- (3) To assist corporate members, when requested, in matters relating to dental health services.
- (4) To obtain and study information relating to the economics of dental practice.

- (e) *Hospital Services* shall consist of eight members.

The duties of the committee shall be:

- (1) To initiate and assist in maintaining a high standard of dental services in Canadian hospitals.
- (2) To encourage and promote dental internships in hospitals.
- (3) To teach medical interns and nurses in training the essentials of dental health.
- (4) To encourage hospitals to obtain approval by the Canadian Dental Association of their dental services and dental internships.

- (f) *Necrology* shall consist of eleven members who shall be the Registrars or Secretaries of the corporate members, together with one additional member elected annually by the Board of Governors.

The member elected by the Board shall act as chairman.

The duties of the committee shall be:

- (1) To keep accurate records of the deaths among the membership.
- (2) To submit a report to the Annual Meeting of the Board of Governors.

- (g) *Nomenclature* shall consist of six members. The members shall include the Editor-in-chief and the Editor of the French Section of the Journal.

The duties of the committee shall be:

- (1) To clarify certain principles of nomenclature.
- (2) To act as consultant on nomenclature.
- (3) To be responsible for recommending the systematic naming of objects or conditions, but not to frame these definitions. The latter is the responsibility of the dental profession.

- (h) *Nominations* shall consist of three members elected by the Board of Governors at its Annual Meeting, as provided in Article XIII, Section 6 of these by-laws, together with the President-elect who shall be chairman. The membership should be representative of the geographical divisions of the Association and should include one or more past presidents.

The duty of the committee shall be to present to the Board of Governors, at its Annual Meeting, a report which shall contain a complete list of the names of proposed candidates for all offices, councils and committees, the Nominations Committee excepted.

- (i) *Specialists and Specialization* shall consist of one general practitioner and one member from each specialty recognized by the Association.

The duties of the committee shall be:

- (1) To study the development of specialization in dentistry.
- (2) To formulate policies in respect to specialization.

BY-LAWS

- (3) To develop standards for specialists and specialization in order to protect the public and the profession.
- (4) To maintain close liaison with the Council on Education.

(j) *War Memorial Awards* shall consist of five members.

The duties of the committee shall be:

- (1) To prepare rules and regulations to govern awards.
- (2) To administer existing awards.
- (3) To advise respecting the creation of new awards.
- (4) To seek funds for the establishment of awards.
- (5) To stimulate interest among those eligible for awards.

Sec. 5. *Special Committees*

Special committees of this Association may be created at any session of the Board of Governors or, when the Board is not in session, by the Executive Council, for the purpose of performing duties not otherwise assigned by these by-laws.

ARTICLE XI

SECTIONS

Sec. 1. The Sections of this Association shall be:

Section on Dentistry for Children
Section on Oral Surgery
Section on Orthodontics
Section on Periodontics.

Sec. 2. *Terms of Reference*

- (a) That all by-laws and regulations of a section accompany the application for necessary approval by the Board of Governors.
- (b) That all amendments to the regulations, or by-laws, of the section recognized, shall be submitted at the next regular meeting of the Board of Governors and approved by it before they are adopted.
- (c) That the membership in the section shall be determined by the members of that section.
- (d) That the section shall elect from its members a Chairman, Vice-Chairman, Secretary and other officers as indicated.
- (e) That the section shall be financially self-supporting.
- (f) That the chairman of the section report annually to the Board of Governors.

Sec. 3. *Functions*

- (a) To supplement and cooperate with the activities of the C.D.A. and in no way to separate its interests or activities from those of the C.D.A.

- (b) To act in an advisory capacity to the C.D.A. on matters relating to the section when called upon to do so.
- (c) To encourage better services, in the specialized field, for the public. These services will include practice, teaching and research in the special branch of dental service.
- (d) To provide an organization, national in scope, through which Canadian dentists may further their interests in a special branch of dentistry.
- (e) To assist in the dissemination of scientific knowledge through contributions of its members to scientific programs and journals.

ARTICLE XII

BUREAUX

Sec. 1. The bureaux of this Association shall be:

Bureau of Economic Research
Bureau of Public Information.

Sec. 2. *Director*

Each bureau shall have a director appointed by the Executive Council.

(a) *Bureau of Economic Research*

To collect, compile, develop, analyse and disseminate data and statistics that concern the dental profession.

(b) *Bureau of Public Information*

To develop and maintain a public relations program for this Association, including the dissemination of information concerning the activities of this Association.

Sec. 4. *Duties*

The duties of each bureau shall be assigned by the Executive Council through the Secretary under whose jurisdiction each shall operate.

ARTICLE XIII

ELECTION OF OFFICERS

Sec. 1. The election of officers, chairmen and members of councils and committees shall take place at the Annual Meeting of the Board of Governors by the members of the Board of Governors.

Sec. 2. The President-elect shall succeed to the office of President without other election at the next Annual Meeting of the Board of Governors following his election as President-elect.

Sec. 3. The report presented by the Nominations Committee shall be received by the Board of Governors and the complete list of names of proposed candidates placed in nomination.

BY-LAWS

Sec. 4. Additional nominations shall be asked for by the presiding officer and may be made from the floor by any member of the Board of Governors.

Sec. 5. The President-elect and four (4) members of the Executive Council shall be elected each by a separate ballot.

Sec. 6. Nominations for a member of the Nominations Committee for a term of three years shall be made from the floor by a member or members of the Board of Governors and elected by the Board of Governors.

Sec. 7. All elections shall be by ballot and a majority of the votes shall be necessary to elect. In case no candidate receives a majority of the votes cast in the first ballot, the one receiving the least number of votes shall be dropped and a new ballot shall be taken. This procedure shall be continued until a candidate receives a majority of all votes cast, when he shall be declared elected.

ARTICLE XIV TIME OF OFFICE

Except as provided in Article XIII the retiring officers, and the executive Council shall continue to hold office for a period of six weeks following the meeting at which their successors were appointed or elected, at which time the incoming officers and Executive Council shall assume office.

ARTICLE XV LIST OF MEMBERS

A list setting forth in alphabetical order the names and addresses of all persons recommended by the governing body of each corporate member for admission to and/or continuance of individual membership shall be submitted annually, on or before December 1st, to the Secretary of the Association concurrently with the annual grant. Forthwith upon the admission of any individual member to membership in the Association, a membership card shall be forwarded to each member. Every person included in a list submitted by a corporate member and by such corporate member recommended for individual membership, shall be deemed to be an applicant for membership in the Association, unless within thirty days of the delivery of his membership card in the Association, he shall notify the Secretary that he does not desire to be or to continue to be a member. Any individual member shall be at liberty to withdraw from the Association at any time upon thirty days' notice.

ARTICLE XVI REVENUE

Sec. 1. The revenue of the Association shall be derived chiefly from annual grants from the corporate members; the amount of said grants shall

be determined by agreement among the corporate members and shall be due on the second day of January in each year and payable on or before the first day of December next following.

Sec.2. There shall be due and payable by each associate member an annual fee, the amount of which shall be determined from year to year by the Executive Council.

ARTICLE XVII

MAIL VOTE

A resolution in writing signed by a majority of the Board of Governors or of the Executive Council, following a poll by mail of the Board of Governors or of the Executive Council, as the case may be, shall be as effective and binding as if passed at a regularly constituted meeting.

ARTICLE XVIII

ETHICS

Sec. 1. It shall be unethical for a dentist in the pursuit of his profession to do anything with regard to it which would be reasonably regarded as disgraceful or dishonorable by his professional brethren of good repute and competency.

Sec. 2. Membership shall imply acceptance of the code of ethics of this Association.

ARTICLE XIX

SEAL

There shall be an official seal of the Association, the imprint of which must appear on all official documents and papers.

ARTICLE XX

RULES

The rules contained in Roberts' Rules of Order shall govern the Association, the Board of Governors and the Executive Council in all cases to which they are applicable. and when not inconsistent with these by-laws.

ARTICLE XXI

SCIENTIFIC SESSION

Sec. 1. Annual scientific sessions of this Association shall be established to foster the presentation and discussion of subjects pertaining to the improvement of the dental health of the public and the science and art of dentistry.

Sec. 2. The time and place of the annual scientific session of the Association shall be determined by the Executive Council.

BY-LAWS

Sec. 3. The Executive Council shall provide for the management of, and make all arrangements for each scientific session, including the establishment and collection of registration fees.

ARTICLE XXII AMENDMENTS

Sec. 1. These by-laws may be amended by the Board of Governors in session provided that a copy of the proposed amendments shall have been mailed to the Secretary of the Association at least three months prior to the meeting of the Board of Governors at which action upon such amendments is proposed to be taken. A copy of such proposed amendments shall be forthwith mailed by the Secretary of the Association to the secretary of each corporate member and to the Chairman of the Council on Constitution & By-laws. Any such amendment shall require for adoption the affirmative vote of two-thirds of the members of the Board of Governors.

Sec. 2. Any proposed amendments requiring decision of the Council on Constitution & By-laws shall be in the hands of the Chairman of the Council on Constitution & By-laws four months prior to the meeting of the Board of Governors at which action upon such amendments is proposed to be taken.

Sec. 3. Provided that the notice of any proposed amendment required by Sections 1 and 2 hereof may be dispensed with by unanimous vote of the members of the Board of Governors present at any meeting, any such amendment shall require for adoption the unanimous vote of the members of the Board of Governors present at any meeting.

COMMENT AND ACTION

1-3. Noted.

4. Informative and noted that the preliminary work has received very thorough investigation and the corporate members consulted.

5. Agreed. This procedure appears to be more practical from the standpoint of interpretation and application.

6. Informative.

7. We concur most heartily.

8. Agreed.

We commend the Committee on By-laws for the tremendous amount of work they have done during the past year. We recommend the adoption of the report of the Committee on By-laws.

APPROVED

Motion: Whyte-Dewis

That the effective date of these by-laws changes be September 26 if approved at the Association meeting.

—Carried.

MEMBERS: *Ex-officio*, W. G. McIntosh; W. J. Langmaid; D. W. Gullett; *General Chairman*, J. P. Coupland; *Dinner Dance*, H. C. Bugden; *General Arrangements*, H. N. Beach; *Board of Governors Meetings and National Gallery Reception*, C. W. Sheridan; *Essayists*, J. F. French; *Registration*, A. Slone; *Housing*, J. H. Young; *Ladies*, Mrs. C. W. Sheridan; *Host*, J. D. Lyon; *Host*, J. Laurin; *Exhibitors*, D. E. Gifford; *Equipment*, A. C. Stinson; *Demonstration Session*, J. Berman; *Entertainment*, A. C. Murchison; *Host to Clinicians*, H. B. Squires; *Luncheon Arrangements*, A. A. Cameron; *Transportation*, J. C. Tanton; *Golf—Dental Nurses' Liaison*, H. A. Buckley; *Special Dinners*, J. R. Callingham; *Publicity (French)*, C. E. Woods; *Publicity (English)*, L. E. MacLachlan; *Printing*, E. J. Fox; *Fun-Nite*, W. E. Meldrum; *Sunday Program*, F. Phillips; *R.C.D.C.*, Brig. K. M. Baird; *Secretary*, M. M. Derrick; *Treasurer*, E. S. Macartney.

REPORT

1. Annual Meeting

The Canadian Dental Association accepted an invitation to hold its Annual Meeting in 1960 in conjunction with the 84th annual convention of the Eastern Ontario Dental Association. The Chateau Laurier was chosen as the Convention Hotel and September 25-28 were the dates approved.

2. Board of Governors' Meeting

As the result of a misunderstanding no space was available in the Chateau Laurier previous to the Convention. Therefore it was necessary to find suitable accommodation for the Board of Governors sessions and for housing those attending.

Thanks to the sponsorship of C.D.A. member, the Hon. Donald Smith, with the gracious permission of the Speaker of the Senate, the Hon. Mark R. Drouin Q.C. and through the kind offices of the Clerk of the Senate, John F. MacNeill Q.C., ideal space in the Parliament Buildings has been made available. The General Sessions of the Board of Governors' Meeting will be held September 21-24 in the Senate Banking Committee Room. Placed at our disposal are equally suitable rooms for reference committee meetings and for various staff activities.

Room accommodation for those attending the Board of Governors' meeting has been reserved at the Beacon Arms Hotel.

3. Scientific Program

We believe that a fortunate balance has been achieved in the following program by presenting subjects of practical value and of popular interest with speakers of well-established competence:

A Course in Operative Dentistry (3-1 hr. sessions)
Miles R. Markley D.D.S.—Denver, Colorado.

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A Course in Oral Diagnosis (3-1 hr. sessions)

Donald A. Kerr D.D.S.—Ann Arbor, Michigan.

The Grieve Memorial Lecture (1 hr.)

J. A. Salzmänn D.D.S.—New York City.

Panel Discussion—"Manpower in Canadian Dentistry"

Moderator—W. G. McIntosh—President C.D.A.

"Dentists"—Dean R. G. Ellis, University of Toronto

"Assistants"—Dean James McCutcheon, McGill University

"Technicians"—Dean J. W. Neilson, University of Manitoba

"Hygienists"—Dr. W. J. Dunn, Registrar-Secretary, R.C.D.S. of Ontario.

Scientific Displays and Demonstrations (3 hrs.)

(This session is designed to bring to the attention of dentists in private practice recent advances made by colleagues engaged in teaching and research.) The following will participate:

U.S. Naval Dental School

Subject: "Advances in Cariology"

Merrill G. Wheatcroft, Captain, Dental Corps, U.S. Navy

University of Montreal

Subject: "Orthodontics for the General Practitioner"

Paul Geoffrion, B.A., D.D.S., A.I.D.O., (R.A.) F.I.C.D., F.A.C.D.

University of Alberta

Subject: "Modern Concepts of Oral Roentgenology"

H. R. MacLean, D.D.S., F.A.C.D., F.I.C.D.

Dalhousie University

Subject: "Gold-Porcelain Restorations—Chairside Procedures"

John E. Merritt, D.D.S.

McGill University

Subject: "Emergency Endodontic Procedures"

Wilfred J. Johnston, D.D.S., F.I.D.C.

Royal Canadian Dental Corps

Subject: "The Dental Officers' Role in Casualty Care during a National Emergency"

Major J. C. Brick — Lt. Col. L. G. Craigie

Government of Canada Department of National Health and Welfare

Subject: "Eskimo Studies"

Hugh R. MacLaren, C.D., D.D.S., D.D.P.H.

University of Toronto

Subject: "An Evaluation of the Relative Efficacy of Preventive-Interceptive Orthodontic Therapy"

Margaret E. Hatton, B.A., Ph.D.

University of Manitoba

Subject: "Audio-Visual Methods in Undergraduate Teaching"

H. W. Hart, D.M.D.

4. Section Participation

Each section recognized by the C.D.A. was invited to sponsor an essayist. All cooperated splendidly. The Canadian Society of Dentistry for Children and the Orthodontic Section assumed all financial responsibility for the Greive Memorial Lecture. The Canadian Academy of Periodontology and the Canadian Society of Oral Surgeons will each contribute \$200 toward Dr. Kerr's expenses.

The Chairman of the Essayist Committee had no refusals of his first invitations. We attribute this fortunate circumstance to two things; the first being the early date at which written (November '58) and the second being the amount of honorarium offered. This was made sufficiently large to be attractive but at the same time representing a modest proportion of the registration fee (approximately 25%).

The Orthodontic Section, The Canadian Society of Oral Surgeons and the Canadian Academy of Periodontology will hold meetings on Sunday, Sept. 25th. All C.D.A. members are invited to the scientific session of their meetings.

5. Panel Discussion

The panel discussion at the 1959 Meeting in Halifax was so successful that our committee asked the C.D.A. Executive to arrange a similar session in 1960. This request was complied with most satisfactorily. The topic "Manpower in Canadian Dentistry" and the personnel on the panel have been equally well selected to guarantee a stimulating and well-informed discussion.

6. Scientific Displays and Demonstrations

This 3 hour session is intended to acquaint the practicing dentist with recent advances made by his colleagues engaged in dental education and research. Nine clinics will be presented five times.

It is hoped that this departure from the conventional format will be well received. The Convention Committee is most grateful to the participants for making the "experiment" possible.

7. Non-Scientific Program

Sunday Evening—Reception and Tour of the National Gallery of Canada.

Early in 1960, after years of planning, a new home for Canada's art treasures was opened. The Trustees of the National Gallery have extended an exclusive invitation to C.D.A. members and guests who are attending the Ottawa Convention. The tickets needed for admission to this function will be obtained at the time of registration.

CONVENTION

Monday Noon—C.D.A. Luncheon

Monday Evening—Informal Party at the Coliseum (Lansdowne Park)
Sociability and relaxation will key-note this occasion. Folk dancing demonstrations will be only one of several entertainment features.

Wednesday Noon

The Rt. Hon. John G. Diefenbaker, Prime Minister of Canada, has consented to be luncheon speaker. The ladies have been invited to this luncheon.

Wednesday Evening

E.O.D.A. Social and Cocktail Hour

The host association will entertain C.D.A. members and their ladies in the Drawing Room of the Chateau Laurier Hotel at 6 p.m.

The President's Dinner-Dance

Everything possible is being done to make this event a suitable tribute to our distinguished President and his charming wife.

8. **Ladies Program**

Ladies attending the 1960 Convention will be entertained by the Ottawa Dentists' Wives Association. A luncheon and fashion show, sight-seeing tours and teas have been arranged.

9. **Commercial Exhibits**

Contracts for the 43 available spaces were signed six months before the Convention. No "soft drink" manufacturers are included in the list of exhibitors.

Revenue from Commercial Exhibits

43 Booths (8 feet each) @ \$144 per booth	\$ 6,192.00
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Expenses for Commercial Exhibits

Hotel Charges—\$15 per booth per day (3) —43x45	\$ 1,935.00
Protective Service	250.00
Miscellaneous expenses	257.00
	\$ 2,442.00

Estimated Profit on Commercial Exhibits	\$ 3,750.00
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10. **Housing**

The City of Ottawa Tourist and Convention Bureau under the capable

direction of Mr. Gerald Geldert is co-operating magnificently with our Housing Committee. Accommodation for 1,450 can be provided.

Those arriving before Saturday, September 24, including members of the Board of Governors will be given accommodation at the Beacon Arms Hotel where it is expected they will remain until the Convention is over.

One room at the Chateau Laurier will be allotted to each company contracting for exhibit space.

11. Registration

The registration fee has been set at \$35 and at \$15 for ladies. Every possible inducement has been offered to encourage registration in advance.

12. Publicity

The following media have been utilized:

(a) Journal of the Canadian Dental Association

- 1 or more full pages in each issue for January to September
- numerous block insertions in each issue beginning in Dec. 1959
- a six page Convention Supplement in May issue

(b) Direct Mailings timed as follows:

- | | | |
|-------------------------|------------|------|
| — C.D.A. Headquarters | — December | 1959 |
| — City of Ottawa | — March | 1960 |
| — Trans Canada Airlines | — June | 1960 |

In each case postage, printing and all costs involved were assumed by the agency undertaking the mailing.

(c) Individual canvass is planned of those district dentists not registered by August 15.

(d) In co-operation with the C.D.A. Public Relations Committee press conferences before and during the convention are to be arranged.

13. The Convention Committee gratefully acknowledges the wholehearted co-operation it received from the Editors of the Journal, the Deputy Secretary and other members of the Headquarters staff in composing, printing and distributing publicity material.

14. Dental Nurses Meeting

A joint meeting of the Canadian Dental Nurses and Assistants Association and the Ottawa Dental Nurses and Assistants is being held in the Chateau Laurier Hotel at the same time as the C.D.A. Convention. A sum of \$250 has been voted by the C.D.A. Convention Committee.

15. Post-Convention Tours

A three-day, all expense, bus tour has been arranged following the

CONVENTION

Convention. A visit to Mont Tremblant Lodge and an overnight stay at the Chantecler are included. These are two of the most famous resorts in the Province of Quebec. The all-inclusive rate of \$40 and the opportunity to see the Laurentian Mountains in their Autumn splendour are expected to be very attractive.

Thomas Cook & Son and Trans Canada Airlines are offering "package" or all inclusive trips to Jamaica or Bermuda at reduced rates.

16. Official Program

Because the 1960 Convention was not enjoying grants to augment its revenue the Committee decided to accept advertising to defray the cost of publishing an official program. Mr. G. M. Geldert, Director of the City of Ottawa Tourist and Convention Bureau undertook the solicitation. In this he was very successful as the following statement shows:

Advertising rates — 1 page \$100

½ page \$ 60

Estimated Revenue — (5 full, 14 half pages)	\$1,340.00
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Estimated Cost (1,800 copies)	\$1,512.00
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Estimated Deficit	\$ 172.00
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It is felt that the high quality of the booklet that is being provided has more than vindicated the Committee's policy.

17. Changes in Convention Manual

We concur with Dean J. D. McLean in the change he suggested in the final report of the 1959 Convention Committee, Appendix A, dated December 18th, 1959. Further we hope that a revised manual will be available for the guidance of future Convention Committees.

18. **Budget**—appears as Appendix A of the report.

19. Everyone concerned with the preparation of the 1960 C.D.A. Convention has been infused with a spirit of co-operation that is truly remarkable. This attitude has made the chairman's task a pleasurable experience and has earned his undying gratitude.

**BUDGET FOR THE C.D.A. & E.O.D.A.
JOINT CONVENTION — September 25 - 28, 1960**

Estimated Revenue

Exhibit space	\$ 3,000.00	
Registration Fees	24,000.00	
Grant Canadian Society Oral Surgeons	200.00	
Grant Canadian Society Periodontists	200.00	
Program	1,340.00	\$28,740.00

Estimated Expenditures

Clinicians & Lecturers	4,000.00	
Luncheons	5,307.00	
Dinner & Dance	6,750.00	
Gratuities	1,100.00	
Ladies' Committee	1,500.00	
Hosts Committee	1,000.00	
Registration Committee	500.00	
Publicity	600.00	
Sunday Evening Reception	500.00	
Transportation	500.00	
Monday Evening Entertainment	2,000.00	
Audit Fee & Treasurer's Bond	200.00	
Equipment—simultaneous translation	1,320.00	
Board of Governors expenses	400.00	
Flowers and gifts	200.00	
Program	1,678.00	
Misc.—printing, postage, stationery, secretarial expenses	1,000.00	\$28,555.50
Estimated Revenue	28,740.00	
Estimated Expenditure	28,555.50	
Estimated Surplus	185.00	

CONVENTION

COMMENT AND ACTION

1. Informative
2. We presume suitable letters of thanks have been sent to those so helpful.
3. At this stage list of clinicians looks impressive and we commend the committee for the change in format of what used to be called 'Table Clinicians'.
4. We recommend that the executive continue the study of suitable honoraria for clinicians, essayists and other personnel as they might be involved for the guidance of future convention committees.
5. Agreed.
6. Noted with approval.
7. The committee is to be commended on their excellent social entertainment.
8. Informative and to be commended.
- 9-11. Informative
12. Noted with interest—good coverage.
13. Informative.
14. We recognize the valuable services given by those young ladies and approve the action taken by the executive committee.
15. Noted.
16. We commend the committee on their program and appreciate Mr. Geldert's efforts.
17. Approved.
18. We commend the chairman and his committee for their excellent efforts and arrangements.

We recommend the adoption of the report of the 1960 Convention Committee with recommendation.

APPROVED

MEMBERS: *J. D. McLean, Chairman, Halifax, N.S.; H. W. Reid, Toronto, Ont.; J. P. Lussier, Montreal, P.Q.; R. G. Ellis, Toronto; T. J. Cooke, Winnipeg, Man.; J. B. O'Brien, Saint John, N.B.*

REPORT

1. The Council on Dental Education of the Canadian Dental Association met on March 17th, 18th and 19th, 1960 at the Faculty of Dentistry, University of Manitoba, Winnipeg. It had been many years since the Council last held its meeting away from our headquarters in Toronto, and it was a very happy and very auspicious circumstance which occasioned the unusual move. The Council members felt it most appropriate and were eager to accept the kind invitation from the officials of the University of Manitoba to be present for the special ceremonies on the occasion of the Official Opening of the new Faculty of Dentistry Building on March 20th and 21st. It was an exceedingly rewarding experience to be present on such a significant occasion for Canadian dentistry.

2. The dental profession in Canada has every reason to be delighted with and proud of the extremely fine facilities provided at the University of Manitoba, the first new school of dentistry in Canada in over forty years. The following resolution was unanimously adopted by Council:

"That the Council on Dental Education extend to President Saunderson and the University of Manitoba congratulations and appreciation of the very outstanding facilities provided for dental education at the University of Manitoba."

3. In addition to all members of the Council, those attending the meetings were: Dr. W. G. McIntosh, President of the Canadian Dental Association; Dr. A. C. Lewis, Adviser to Council; Dean J. McCutcheon, McGill University; Dean J. W. Neilson, University of Manitoba; Dean H. R. MacLean, University of Alberta; Dr. D. W. Gullett, Secretary of the Canadian Dental Association; Mr. K. L. Croft, Deputy Secretary of the C.D.A. Also attending some or all of the sessions were Mr. Ben Miller, Assistant Secretary, Council on Dental Education, American Dental Association; Dr. H. K. Brown, Department of National Health and Welfare, Ottawa; Dr. F. R. Smith, Secretary-Registrar of the College of Dental Surgeons of Saskatchewan; and Drs. Trott, Marshall and Hart, members of the Faculty at the University of Manitoba.

4. Dental Students Register

The dental students register for the 1959-60 academic year was reviewed and discussed. It was noted that the total registration of nine hundred and six in the six Canadian schools was the highest in at least the last twenty years, but that a further increase is essential. Discussion arose concerning

DENTAL EDUCATION

the cost of obtaining a dental education, and the need, especially in recruitment efforts, to have factual information on costs and their changes over the past years. It was therefore decided to request the Director of Economic Research on the staff of the C.D.A. to make a survey of the costs of becoming a dentist, on a comparative basis.

5. C.D.A. Transactions, 1959, Page 86, Item 20

In consideration of this resolution, it was pointed out that at least in one province, there is a proposal that dental students do field work in public health dentistry. The question arose as to whether this was a form of indentureship, or whether it was an extension of the teaching course, or just what was involved. After consideration by a special sub-committee of Council, the following resolution was adopted:

“That the resolution in Item 20 be amended by adding; ‘Except when a request is made through organizations acceptable to the legal body of the province concerned’.”

6. Visit to Dental Schools

Dr. A. C. Lewis, Adviser to Council, reported that over the two-year period he had visited all of the Canadian schools of dentistry, with the purpose of offering assistance to the members of the staff in their teaching programs. As these were informal visits for the sole purpose of assisting the schools, Dr. Lewis did not give a detailed report to the Council, but he did comment that “the dental teaching in general is on a high level and that many letters had been received from the deans and staff members concerning benefits received from these visits”. Council commended Dean Lewis for his outstanding contributions in the past and more recently in dental spheres.

7. Extension of Teaching Facilities

Earlier reference was made to the splendid development at the University of Manitoba, and equally high praise must be accorded to the authorities at the University of Toronto for the magnificent new building which has been provided for the Faculty of Dentistry there. The University of Alberta is also in the midst of a program of expansion for its faculty, which, when completed, will mean that all of the faculties of dentistry in Canada will have modern facilities of which the profession may be justifiably proud.

8. Council obtained reports from each of the provincial dental boards and from each of the faculties concerning plans for the extension of teaching facilities. Despite the changes of the last decade or so, it is readily apparent that a satisfactory ratio of dentists to population will not be attained in this country without further drastic changes. It was the feeling of the

Council that there was a real need for factual information concerning the actual need for increasing teaching facilities related to the demand for dental care and future needs for dental personnel. Before such a study can be undertaken, it will be necessary to establish terms of reference and to establish what should be studied and how. Dean J. W. Neilson was appointed Chairman of the Committee on the Extension of Teaching Facilities, with the intention that he should have wide discretion in making recommendations to the Council to set such a project in motion.

9. Auxiliary Personnel

We were most fortunate in having the President of the Canadian Dental Association, Dr. W. G. McIntosh, present for our meeting. As anticipated, he contributed very substantially to our deliberations. Dr. McIntosh pointed out that the Executive was engaged in the preparation of a policy statement on the objectives in the practice of dentistry in future, the basis of which is to meet the demand of "more dental service for more people".

10. The major portion of Council's deliberations was devoted to the subject of auxiliary personnel. It was only after careful consideration of several revisions that Council adopted the following resolution, with the request that whenever it is quoted, the following preamble be quoted as well:

11. After careful consideration of the following resolution received from the C.D.A. Executive:

That the Council on Dental Education take note of the wider field of services recommended by the C.D.A. Executive for properly and responsibly trained dental auxiliaries and that Council give consideration to training facilities for these auxiliaries.

the Council on Dental Education adopted the following resolution:

Whereas the Council on Dental Education is aware of the urgent need to make dental services available to a larger percentage of the people of Canada, and

Whereas this Council recognizes that the application of preventive measures will unquestionably help to reduce this need, and

Whereas this Council believes that the continued concentrated effort to encourage the training of more dentists with greater training and use of existing auxiliary personnel (dental assistant, dental hygienist, and dental technician) is necessary but has been insufficient by itself, and

Whereas this Council recognizes in principle that certain aspects of a dental service which at present cannot be legally delegated to the existing auxiliaries, might be satisfactorily delegated to properly trained auxiliary personnel provided these services are rendered

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under the direct control and supervision of qualified dentists, and Whereas pilot programs in the extension of auxiliary services would be of great value in determining the best ultimate course of action, therefore be it resolved

THAT this Council encourage in every way possible the development and application of proven preventive measures, and

THAT it continue to endorse the expansion of training programs for dentists and existing auxiliary personnel, and

THAT in addition it approves in principle the expansion of the services which dental auxiliaries may render, as one more method by which the total dental service to the public can be increased, and

THAT again in principle the training of these new auxiliaries must be at the direction of the dental profession and given at a recognized dental school, and

THAT the services that these auxiliaries are qualified to render must be included in the prescribed teaching program; must be under the direct supervision of a qualified dentist; and must not include case assessment, treatment planning, cutting or severing of hard and soft tissues, administration of drugs or the making of prescriptions, and

THAT the licensed dentist must retain full responsibility for the patient's welfare, and finally

THAT pilot studies, established to determine the feasibility of integrating into the dental health team, properly trained auxiliary personnel, in keeping with the above enunciated principles, be instituted as soon as possible and further action be dependent upon the outcome of these studies.

12. It is anticipated that a considerable proportion of the time at this Board of Governors' Meeting will be devoted to consideration of the subject of auxiliary personnel. It should be pointed out, therefore, that the Council's prime interest was in the educational aspects of the subject, and, therefore, it looks to this Board for direction as to whether the principle of expanding the services which auxiliaries may render is accepted.

13. Curriculum

The curriculum hours and the pre-professional requirements in the various schools were examined briefly. It is anticipated that a useful table on the latter subject will be complete for the next meeting of the Council.

14. National Dental Examining Board

The Council considered the report from its members to the National Dental Examining Board. The following resolution was adopted;

“That the Council on Dental Education look with favour on the appointment of some of its examiners from outside membership of the Board”.

15. Conjoint Examinations

At the request of the Royal College of Dental Surgeons of Ontario, the Council gave consideration to the subject of conjoint examinations between the National Dental Examining Board of Canada and the Canadian faculties of dentistry. It was felt that sufficient information on the subject was not available and, therefore, a special sub-committee, composed of Deans Ellis, MacLean and McLean, was appointed to investigate further “the question of conjoint examinations and to report to this Council at its next meeting”. Subsequent to the Council meeting another communication was received from the R.C.D.S. of Ontario, but, to date, Council has not had an opportunity to consider it.

16. Minimum Requirements for a Dental School

As requested by Council a year ago, Dr. Lewis presented his draft of a revised booklet, “Minimum Requirements for the Approval of a Dental School”. The booklet was reviewed paragraph by paragraph, adopted in its amended form, and has since been published. (Copies are available).

17. Survey of Dental Schools, 1960-61

The Council had previously decided that a complete survey of all Canadian dental schools would be made during the academic year 1960-61. The forms to be used in carrying out the surveys were reviewed by Council and approved. The surveying teams, representing the fields of education, the practice of dentistry, and dental education were appointed, and appear in Appendix A. The number of days at each school, (three in the previous survey), is to be established by the survey team, and, as in the previous survey, reports will be confidential and addressed to the President of the University with a copy to the Dean.

18. Conference on Dental Anatomy

The annual conference session, arranged by the Council, this year was on the subject of Dental Anatomy and was held at C.D.A. Headquarters on February 26th, 1960, under the chairmanship of Dr. T. I. Guilboard of McGill University. The report of the Conference Session was adopted as amended, and appears as Appendix C.

19. Conference Sessions

In accord with the decision of a year ago to hold the next conference on the subject of Operative Dentistry, Dr. G. A. Brass of the University of

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Manitoba was designated chairman of the conference session to be held at C.D.A. Headquarters in 1961.

20. B. D. S. Degree

At the 1957 Annual Meeting of the Board of Governors, policy was adopted to recommend to provincial dental authorities that graduates of British Commonwealth universities who hold the Bachelor of Dental Surgery degree be permitted to proceed directly to provincial examinations. It was suggested that newer Commonwealth countries present a problem because our knowledge of the educational facilities therein is not complete, and therefore Council adopted the following resolution:

21. "That the recommendation be made to the Board of Governors at the next Annual Meeting for amendment of the resolution respecting recognition of the graduates holding the B.D.S. degrees as adopted at the 1957 Annual Meeting as follows: That in the resolving clause, the words "British Commonwealth universities' be deleted, and the words 'universities in the following countries, namely: United Kingdom, Australia and New Zealand' be substituted." Specific reference to this resolution may be found on page 191 of the 1957 Transactions of the Association.

22. Writing for Scientific Literature

A communication was received from the Committee on Publications enclosing the resolution attached as Appendix D to this report. The resolution was considered, and the following motion adopted:

"That the motion by the Committee on Publications be received and referred to the Deans of the Dental Schools. The Council has considered this motion and records its complete agreement with the objectives expressed in the motion".

23. Available Funds for Dental Research

At the request of the deans, the Research Committee of the Association prepared a list of funds available for dental research. The Council expressed the view that there is need for development of new and greatly expanded research funds, and recorded its sincere thanks and appreciation to the Research Committee for preparing the report.

24. Recruitment

The Council noted with satisfaction that, at the direction of the Executive, the Committee on Public Relations had established a sub-committee on recruitment. It was also recorded that the Council's booklet, "Dentistry as a Professional Career", had been printed a second time—a total of 12,000 copies.

25. The following resolution was adopted:

“That the efforts being expended re recruitment be noted, and those responsible be complimented, and that this Council stress the need for continued and expanded efforts”.

26. Budget

The 1959 financial statement and budget for the Council on Dental Education 1960-61 appears as Appendix B.

27. In conclusion, the Council expressed to the University of Manitoba, to Dean Neilson and to the Manitoba Dental Association its thanks for the excellent facilities supplied for the meeting, the efficient and timely arrangements made, and the unexcelled hospitality to the Council.

Appendix A

SCHEDULE OF VISITATIONS BY SURVEY TEAM 1960-61

Dental School	Members of Team	Date (Week of)
Alberta	H. W. Reid R. G. Ellis A. C. Lewis	October 24th
Montreal	H. W. Reid J. W. Neilson A. C. Lewis	November 14th
Dalhousie	H. W. Reid J. P. Lussier A. C. Lewis	December 5th
McGill	H. W. Reid H. R. MacLean A. C. Lewis	January 16th
Toronto	H. W. Reid J. McCutcheon A. C. Lewis	February 20th
Winnipeg	H. W. Reid A. C. Lewis J. D. McLean	March 13th

1961 Budget

Income

Association grant \$ 4,750

Expenditure

Survey 2,000
Council Meetings 1,500
Conferences (2 days) 750
Sundry 500
\$ 4,750

CONFERENCE ON TEACHING OF DENTAL ANATOMY

It is a pleasant duty as chairman, to report to you on the conference on the teaching of Oral Anatomy held under your sponsorship at C.D.A. headquarters on February 26th, 1960.

Oral Anatomy includes the gross anatomy and histology of the oral cavity, and associated structures. Since gross anatomy and histology are taught in the medical faculties of the schools concerned, the conference limited its discussions to Dental Anatomy.

Attending the conference were:

- | | |
|---------|---|
| Doctors | T. I. Guilboard, McGill, Chairman |
| | J. P. McGuigan, Dalhousie |
| | J. D. Hawkins, Alberta |
| | M. J. Snidal, Manitoba |
| | Gustave Gauthier, Montreal |
| | K. J. Paynter, Toronto |
| Mr. | K. L. Croft, Deputy Secretary C.D.A. |
| Dean | R. G. Ellis of Toronto attending the morning session. |

The Chairman opened the conference with a few words of welcome. Mr. Croft outlined the history and purpose of conferences of this type. Each representative presented an outline of the course in Dental Anatomy as he has been teaching it, and offered his own suggestions as to how the course might be improved.

The following observations are worth recording:

1. In all six Canadian dental schools, gross anatomy and histology are

taught in the medical faculty. Three of these schools have dentists working in these departments.

2. One school proposes to integrate the dental anatomy course with gross anatomy, general histology, and oral histology. Two full-time dental teachers are to be employed in teaching these four courses in conjunction with the medical staff.

3. In one school oral histology is taught as part of the course in dental anatomy.

4. None of those present is fully satisfied with any textbook on dental anatomy known to him.

5. The number of hours devoted to dental anatomy varies from 26 to 160.

6. The time devoted to comparative dental anatomy varies from two lectures to a full course on the subject.

7. The staff-student ratio varies from 1:6 to 1:22.

8. All feel the need for more and better visual aids.

9. In one school the students are taken to the clinic towards the end of the dental anatomy course, and given a chance to study the mouth under clinical conditions.

10. The teaching of occlusion presents problems, due to the confusion which surrounds this part of the subject.

A very constructive discussion period followed the course outlines. Every member of the conference entered into this with enthusiasm.

The new course, started at Toronto this year, was discussed, and the question arose, why do we have students carve plaster or wax teeth, with roots? They take up needed time carving something that they will not carve in practice. We have them carve developmental grooves, which they will very seldom reproduce in restoration. The answer is of course that it develops their digital skill. Is it not the province of the course in dental technics to develop these skills?

A suggestion which won general approval was that the students should be paired off and each student take full mouth impressions and radiographs of his partner. The resulting models and radiographs would be very useful visual aids for students to observe what they had been taught in lectures.

Another suggestion was that plasticine modelling be used as a means of developing digital dexterity.

The conference feels that the importance of such a basic subject as

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dental anatomy is being played down by some clinical teachers who are careless in their terminology, and illustrate their lectures with obviously poor drawings, jokingly remarking that "the dental anatomy department would not approve, but however . . .". When a student sees and hears this he feels that dental anatomy is not so important, and relays this information to the freshmen. After all if Dr. So and so, who is teaching a clinical subject doesn't know his dental anatomy, it can't matter too much. Dental teachers need not be artists, but they should at least be able to see that a drawing is in proportion, and that the tooth doesn't have three lingual cusps.

It was suggested that a pool of examination questions be built up.

As a result of this discussion period, the conference recommends:

1. That the course in dental anatomy should include
 - a—terminology
 - b—morphology of teeth, (deciduous and permanent)
 - c—function of teeth and associated structures
 - d—variations and anomalies in the dental apparatus
 - e—occlusion or an introduction to occlusion
 - f—comparative dental anatomy
2. That a good text book on dental anatomy be provided.
3. That the staff-student ratio in the teaching of dental anatomy should not be less than 1:12.
4. That the results of the new course as taught at the University of Toronto be observed for a few years and be assessed at a later date.
5. That the basic course in dental anatomy should be confined to the first year, but the principles should be carried into the teaching of all clinical subjects, correlating lectures should be given by the clinical departments or by the department of dental anatomy.
6. That the curriculum committees of the various schools give some thought to the establishment of an integrated course on occlusion.

The conference was unanimous in expressing its thanks to the Council on Dental Education for making this meeting possible. It is our hope that we will be able to meet in this manner again.

Each participant contributed to the success of the conference, and in turn benefited from the exchange of ideas, and now will apply his new-found knowledge to his teaching. The courses in Dental Anatomy will be improved as a direct result of this conference.

It was a pleasure and a privilege to be associated with such a keen, enthusiastic, co-operative and competent group.

Respectfully submitted,
T. I. Guilboard

WRITING FOR SCIENTIFIC LITERATURE

Motion passed by Committee on Publications:

That, in view of the obvious need for training in the preparation of scientific articles, dental students be instructed in the matter of preparation and presentation of scientific articles and papers, and

That this instruction should precede any presentation for seminars, essays, these and all other written requirements of undergraduates, and

That all dental teachers should be qualified to present this information, and

That a copy of this motion be forwarded to the Council on Dental Education.

COMMENT AND ACTION

1. Noted with interest.
2. We concur and commend highly the Council on its resolution.
3. Informative.
4. We concur in the recommendations of the Council.
5. Agreed.
6. We endorse the action of the Council.
7. Noted with great interest.
8. A most commendable project.
9. Noted.
- 10, 11. We approve the resolutions.
12. We agree to the principle of expanding auxiliary services.
13. Informative.
14. Agreed.
- 15, 16. Informative.
17. We concur.
18. Informative.
19. We concur.
- 20 - 23. Agreed.
- 24, 25. Approved.
- 26, 27. Agreed.

We recommend the adoption of the report of the Council on Dental Education.

APPROVED

MEMBERS: *H. K. Brown, Chairman, Ottawa, Ont.; C. W. B. McPhail, Edmonton, Alta.; C. A. E. McCabe, Outremont, P.Q.; E. A. White, Toronto, Ont.; A. Schwartz, Winnipeg, Man.*

REPORT

1. Committee Assignments

At the 1959 meeting this committee was given the following major assignments:

(a) To continue with the preparation of a National Dental Health Index, upon which considerable progress had already been made at that time, and to request each corporate member to establish a provincial survey committee in order that dental epidemiological data might be obtained on a national basis as soon as possible.

(It may be helpful to recall at this point that the responsibility for technical services and decisions relating to the National Dental Health Index and Survey was undertaken by a joint Ad Hoc Committee consisting of the Chairman of the Public Health Committee, and the Chairman of the Research Committee, assisted by technical advisors from the fields of statistics, caries, malocclusion and periodontal disease.)

(b) To obtain data and prepare a report on the prevalence of caries, malocclusion and periodontal disease among children for the use of the Canadian Conference on Children 1960.

2. The Canadian Dental Survey Manual

(a) The first issue of the Canadian Dental Survey Manual which provides a system for recording and analyzing data on caries, malocclusion and periodontal disease at the community, provincial and national level, has been completed in English and copies have been distributed to all secretaries of corporate members and to the chairmen of all existing provincial survey committees. (For the many purposes which it may serve see page 99 of the 1959 Transactions).

(b) It is recommended that action to produce the manual in French be delayed until the experience of one survey has been gained using the English version. Some minor changes and corrections will undoubtedly be required, which may be ascertained from experience, and incorporated before a French translation is made. This should not require more than the initial survey.

(c) The official approval and adoption of this document by the CDA is recommended. This would make Canada the only country in the world (we believe) in a position to set up and maintain a national dental health index.

(d) The extensive technical work involved in the preparation of this manual was freely and generously contributed to the CDA by Dr. Robert Grainger of the University of Toronto.

(e) The survey manual has been made available in both a bound and an unbound loose leaf form. It is recommended that a single bound copy be given without cost to each of the following:

- the two members of the Ad Hoc National Survey Committee, and to their four technical advisors.
- each chairman of a provincial survey committee.
- each provincial Dental Director.
- each dental school library.
- the Library of the School of Hygiene, University of Toronto.
- the Library of the School of Hygiene, University of Montreal.

(f) It is further recommended that unbound (paper-back) copies be made available at \$2.00 per copy. This would not cover the cost of production.

3. Plans for Initial Survey

(a) The survey committee decided that in order to facilitate the first survey, each provincial survey committee would be asked to survey only a sample of 1,000 children in the medium sized urban centres of each province (population of 10,000 to 100,000), which would provide a total sample of approximately 10,000 children.

(b) In order to further facilitate the first survey a package of survey documents was prepared for the use of each provincial survey committee. This package contains all the necessary record forms, instructions and examples to enable a survey committee to carry out its first survey, and to get a working knowledge of the manual.

(c) Sufficient forms of all the necessary types have been made available to each provincial survey committee for the minimum sample of 1,000 children to be involved in the first survey.

(d) Provincial dental bodies, city dental societies and other agencies wishing to do additional dental surveys have been asked to produce their own forms, adopting the pattern provided by the CDA manual, which may be reproduced without further authority.

(e) The chairman has personally visited the provincial survey committees in provinces, delivered and discussed the use of the record forms in their survey packages.

(f) It is recommended that the Board of Governors request all corporate members to have their provincial survey committees complete their initial surveys by the end of 1960, if they have not already done so.

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This should make it possible to calculate preliminary provincial indices during the spring of 1961 and for these to be forwarded to the National Survey Committee before April 30th, 1961. Thereby the first Canadian National Dental Health Indices should be available before the end of 1961.

4. National Survey Committee

(a) It was forecast in last year's report of this committee that the committee would be ready to make specific recommendations in this report concerning the set-up of a National Survey Committee on a continuing basis. The committee is not yet ready to do so. It is recommended that the ad hoc committee continue to serve as the National Survey Committee for at least one more year, or until some experience has been gained in compiling figures on a national basis.

5. Report To Canadian Conference on Children Concerning The Dental Health Status of Canadian Children

(a) The Co-ordinator of the Canadian Conference on Children requested that a report be delivered to him, in 500 copies, by March 31, 1960, in order that it might be circulated and studied by committee members and others before the national conference during the first week of October. Therefore it became necessary to set up the report on the basis of dental data then available.

(b) Requests for data relating to the prevalence of caries, malocclusion and periodontal disease were sent to all provincial and large urban departments of health, to the Dental Hygiene League of Quebec, and to all and any individuals and agencies who were thought to possess data which might be used for this purpose. The response was excellent. The reports of the provincial health surveys of 1949-50 were examined, as were also the annual reports of provincial departments of health during the last ten years, and also those of some of the large urban centres, and the progress reports of dental projects aided by federal health grants. The data derived from these various sources had been recorded, tabulated and analyzed by a broad variety of dissimilar methods. While they did not lend themselves to effective statistical analysis, they did provide the basis for what we hope is a useful broad estimate of the dental health status of Canadian children.

(c) The report estimates the dental health status of Canadian children, briefly states its significance, lists existing dental resources in personnel and training facilities and makes specific recommendations for the prevention and control of dental disease and disorders in children.

(d) It was prepared to serve as a "background" paper for the conference. Therefore only the most significant points have been presented and in very brief form, in the hope that many queries may be elicited during the general discussions of the basic needs of children, which will take place at the conference.

6. Publications

(a) A new folder on water fluoridation was prepared and published. It is hoped that at least four other publications which are now under revision can be completed next year.

(b) At the request of the Public Health Committee of the Ontario Dental Association, their publication entitled "Your Child and Mine" was reviewed and suggestions made for revision.

7. Health League of Canada

(a) A statement on water fluoridation was prepared for radio broadcast during National Health Week. (Statements for this purpose have been prepared by this committee on at least three previous occasions.)

(b) A letter was received from the Health League inviting the committee to declare Wednesday of National Health Week (March 15th, 1961), as Dental Health Day. The chairman informed the league that as the subject of Dental Health Week or Day (s) is one which the CDA has had under consideration for some time, but upon which no policy had yet been defined, the committee, while appreciative of the invitation, did not have authority to establish a National Dental Health Day.

(c) It is the opinion of the committee that while co-operation with the Health League would be mutually advantageous, the CDA would be well advised to retain the initiative in relation to fixing or organizing National Dental Health Week or Day (s).

8. Statement for the Australian Dental Association

In response to a request from the Victoria Branch of the Australian Dental Association, a statement was prepared describing in summary form dental public health activities in Canada. The statement was supplemented with a bibliography.

9. Institutional Dentistry

(a) The subject of institutional dentistry was opened for study by the committee because of the increasing interest in dental care manifested by mental institutions and other agencies concerned with the care and rehabilitation of the handicapped, the delinquent, the aged and the home-bound.

(b) In the opinion of this committee the time has come to take a close look at what might be called "Institutional Dentistry" with a view to obtaining information concerning conditions and developments in that area. In this connection a study of conditions in the United States reported in the January issue of the Journal of the American Dental Association is of considerable interest.

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(c) It is recommended that this committee take a continuing interest in this subject, and offer its co-operation to other committees which may also have an interest therein.

10. Meetings

The chairman did not convene a meeting of this committee at the CDA Headquarters this year, as the nature of the work requiring attention was largely technical and did not appear to indicate a need for committee discussions other than by mail at this stage. Now, with the survey manual completed and the plans for the national survey well under way, it is suggested that a committee meeting will be needed during the coming year in order to give further attention to this matter, and to certain other subjects such as Dental Health Week or Day(s) . revision of health education publications, which have been held in abeyance in order to give full attention to work related to the survey.

11. Budget

(a) The following expenditures (as of July 5) were incurred this year out of a budget of \$2,000:

600 Booklets "Dental Conditions Adversely Affecting the Health of Children"	\$ 55.38
250 Booklets "Evaluation of Canadian Dental Health" (Canadian Dental Survey Manual)	873.13
1 film "Putting It Straight"	70.40
1 film "Pattern of a Profession"	97.38
Brokerage and Duty on above	35.15
Postage (Dr. Brown)	5.00
Fluoridation pamphlet ("Nature's Method")	419.15
	<u>\$ 1,555.59</u>

(b) It is estimated that for the coming year funds will be required as follows:

Revision and copies of the following four publications: "Facts on Fluoridation" A Dental Health Guide for Teachers and Parents "Healthy Living for Healthy Teeth" "Facts"	\$ 1,000
Reprinting of existing publications	200
Production of additional copies of survey manual, and related forms	500
Purchase of films	200
Meeting at CDA Headquarters	600
	<u>\$ 2,500</u>

COMMENT AND ACTION

1. Informative.
2. (a) Approved.
(b) Approved.
(c) Approved with a resolution as follows:

WHEREAS the Canadian Dental Survey Manual is an excellent publication, of real value to the dental public health activities of the Association, and

WHEREAS this survey is essential to dentistry to measure the extent of the dental health problem, and to evaluate the effectiveness of measures designed to cope with it, and estimate costs in money and personnel to so do, and

WHEREAS this approach has been tested and found effective, and

WHEREAS the statistical data resulting from the Canadian dental survey will be of inestimable value to the Association for a multitude of purposes, and

WHEREAS the accuracy of this survey depends on the utmost co-operation of all the corporate members, be it therefore

RESOLVED

1. That the C.D.A. approve the Canadian Dental Survey Manual, and
2. That those responsible for its production receive our sincere appreciation, and
3. That the corporate members be urged to have their committees complete the initial surveys by the end of the year.

ADOPTED

- (d) Noted with appreciation of Dr. Grainger's fine contribution.
- (e) Approved.
- (f) Approved.
3. (a) - (e) Noted.
(f) Approved and embodied in resolution 2 (c) .
4. Approved.
5. Informative and approved. The committee is to be commended for their splendid co-operation with the Co-ordinator of the Canadian Conference on Children.
6. Noted and approved.
7. (a) Noted and approved.

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(b) & (c) Noted and suggested that consideration be given to later co-operation with the Health League.

8. Approved, and the committee is commended for its co-operation with the Australian Dental Association.
9. Approved that the committee take a continuing interest in Institutional Dentistry.
10. Agreed that a committee meeting should be held during the coming year.
11. (a) Noted.
(b) Approved.

We recommend adoption of the report of the Committee on Dental Public Health.

APPROVED

OFFICERS: *D. R. Anderson, President, Toronto, Ont.; R. Currie, President-elect, London; C. D. Beierl, Secretary-Treasurer, Toronto; D. L. Rife, Historian, Toronto.*

REPORT

1. The membership of the Canadian Society of Dentistry for Children for the year 1960-61 was 206. The membership of this society is chiefly from Ontario and the majority are engaged in general practice.
2. The annual meeting this year was held on Saturday, May 14th, 1960 at the Carousel Motel in London, Ontario. The success of this meeting was mainly due to the active part played by the members of the London and District Dental Society. A well organized ladies program was presented by the ladies auxiliary of the London and District Dental Society.
3. At the above meeting Dr. G. Edward Hall, President of the University of Western Ontario, was the guest luncheon speaker.
4. It is a pleasure to report that correspondence has taken place with Dr. Ralph Connor of Manitoba concerning the formation of a chapter of this society in that province. Copies of our constitution were mailed to him and other information which might be helpful in forming a new chapter.
5. It is also a pleasure to report that this section is co-sponsoring with the Orthodontic section, the Grieve Memorial lecture which will be presented at the convention in Ottawa this year.
6. The Canadian Society of Dentistry for Children award established in 1958 was again made available to each of five schools of dentistry in Canada.
7. A number of executive meetings were held throughout the year to carry on section business. From these meetings it was decided, because of the growing interest in other provinces and because one other chapter has been formed and one other chapter is in the process of being formed, that a permanent secretary was needed and that the constitution should be revised to include these chapters. At the business meeting on the day of the convention Dr. D. Rife of Toronto was unanimously elected as permanent secretary and a committee is to be set up to study the constitution in order that it may be broad enough to cover all chapters.
8. The local London paper and television station gave good coverage of our convention.
9. The next annual meeting will be held in Toronto on Saturday, May 20, 1961.

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10. The executive for 1960-61 is as follows:

Honorary President	-	-	-	D. R. Anderson
President	-	-	-	P. E. Currie
President-elect	-	-	-	C. D. Beierl
Vice-President	-	-	-	G. Clark
Secretary-Treasurer	-	-	-	D. L. Rife
Historian	-	-	-	D. L. Rife

COMMENT AND ACTION

- 1 - 3. Informative.
- 4. We commend the Canadian Society of Dentistry for Children for their action and encourage them to spread to further provinces.
- 5. Noted with interest.
- 6. Informative.
- 7. Noted with approval.
- 8, 9. Informative.
- 10. Noted.

We recommend the adoption of the report of the Canadian Society of Dentistry for Children.

APPROVED

MEMBERS: *J. P. McGuigan, Chairman, Halifax, N.S.; Carl Dexter, Halifax; H. N. B. Beach, Ottawa, Ont.; R. J. McCarten, Winnipeg, Man.; H. J. Hann, St. John's, Nfld.*

REPORT

1. In reporting for the Ethics Committee of the CDA to the Board of Governors, I feel that the adoption of the Code of Ethics as presented last year has helped our members immeasurably and simplified the work of our committee.

We have been asked for a ruling on a couple of matters which affected the profession as a whole, and these are the only ones I will deal with in this report, as the other matters were related to individual problems and were dealt with in the usual manner.

2. There are organizations in Canada that issue credit cards with which many items and services may be purchased. They desire to include dental treatment in their list of chargeable services with the sanction of the dental profession. When asked for an opinion respecting such services it was considered that they tend towards commercialism and are not in the best interests of either the patient or the dentist. Therefore we do not approve of the principle of such procedures.

3. The other matter on which an opinion was requested was whether it was ethical for a dentist to invest his or her money in a company making and selling an appliance called a home fluoridator for the purpose of capital gain.

Our Code of Ethics states in paragraph (m) under Obligation to Patients: A dentist as a member of the health profession does not lend his name or written testimonial, whether for reward or not, to any product or material whatsoever its merits. It is precisely because he is a dentist that his advocacy may have extra market value. Therefore we consider it unethical for any dentist to purchase stock in such a venture.

4. I feel at this time I should make some general statements concerning our Code of Ethics, our purposes in setting up this code and how we as individuals might improve our ethics and make our code more workable.

5. In adopting this code last year we were endeavouring to lay down principles as a guide to better ethical conduct between ourselves and the public. These are traditional generalities concerning what is right and wrong and it is our hope that it may enable us to adjust ourselves to ethical social living. We find there are two sources of discipline, one which is outside the person and one which is inside. Social pressure is concerned with the regulation of our conduct and manners, and the inner discipline, urges us "to thine own self be true; thou canst not then be false to any man". This is where we confuse principles with law.

ETHICS

6. Any code of ethics must be fluid enough to meet different and changing situations, because disciplines to which we were accustomed through the ages are coming in conflict with new technological advances and customs in a changing society. Ethics cannot be summed up in a body of rules and commandments which may be applied always and everywhere without regard to circumstances, but must have sufficient latitude so that any provincial codes are workable within our code.
7. We must endeavour to improve our ethical standards among our own members. It is not sufficient to have a few members act morally and then hope for ethical purity among all our members in the hope of calling our association an ethical body. The ethics of the individual and of the group must be related to the ethical standard of the whole profession. How we are to accomplish this will depend on you as individuals disciplining yourselves in such a manner that your actions shall be beyond reproach and readily acceptable by society.
8. Our code is useful only to our members as a guide and reminder of their responsibility as a profession to their fellow confreres and the public. History has shown even the most ethical of mortals are seldom capable of pure unselfishness for any considerable period of time.
9. This code can do more for our profession than any series of laws could ever hope to do. It has been formulated by professional men themselves and is therefore workable. It deals with fair practices upon which all subscribers of this code are agreed. It endeavours to protect the individual, the profession and the public. It subscribes to honesty, outlaws certain practices which are considered unfair and not in the best public interest.
10. With our advance as a profession, we must as a professional group hold ourselves increasingly accountable to the public, who will either condone or condemn us on how we as a profession conduct ourselves, always keeping in mind our responsibilities to the public who have entrusted their dental health to our care. Because of this trust we must conduct ourselves in a manner befitting our profession and perform all services to the best of our ability. We all fully realize that the ideal discipline is not obtained by imposing rules and regulations, because a great many people resent the implication that they are incapable of self direction. However a certain amount of regulation is necessary in order to maintain an orderly, efficient and smooth working association. We all must act within a discipline that gives society an orderly form, and the form which that society takes will depend on the extent to which we can be trusted to obey self-imposed law. This self-imposed law may not save us from having to make choices, but it will however help us to assess all aspects more thoroughly and therefore choose more wisely. Whether this discipline be self-imposed or otherwise we shall find quite often what this discipline imposes is the wisest and best thing.

Hendrik Van Loon said bluntly: "We obey the law because we know

that respect for the rights of others marks the difference between a dog-kennel and civilized society”.

COMMENT AND ACTION

1. Informative.
- 2, 3. Agreed
4. Informative.
- 5-8. Agreed.
9. Explanatory.
10. We heartily agree.

We recommend the adoption of the report of the Committee on Ethics.

APPROVED

HEADQUARTERS PROPERTY

MEMBERS: *R. P. Lowery, Chairman, Toronto, Ont.; H. W. Reid, Toronto; G. V. Fisk, Toronto.*

REPORT

- 1. The committee per necessary meetings and property inspections, report headquarters in excellent condition, and to justify the existence of this "august" committee report some of its activities.
 - 2. For the purpose of peaceful co-existence with our auditors we by motion acceded to the request of the executive that article two of the terms of reference be deleted, and housing funds be now part of the general account.
 - 3. Renovated executive office number four which is now graciously and intelligently occupied by CDA economist Miss Isabel Boyd, Assistant Secretary and Director of the Bureau of Economic Research.
 - 4. Dark corners eliminated; lighting improvement program now completed.
 - 5. Extensive interior decorating completed.
 - 6. Completed inventory of furnishings and equipment.
 - 7. Building insurance program revised in keeping with present day values.
 - 8. Incidental household repairs both inside and outside have been completed. We commend Mr. Croft for his interest and diligence in the supervision of the CDA headquarters property.
 - 9. An impressive gallery of photographs of our past presidents now stands ready to inspire those who walk the second floor hall of our building.
 - 10. The proposed budget for 1961 is appended.
- Comment

We have now reached, in fact in some areas over-reached, our accommodation. Where do we go from here?

We recommend a good look into the future as it relates to an expanding service, and the necessary accommodations it would require.

Appendix A

1961 Budget	
Disbursements	
Repair and maintenance	\$2,000
Taxes	1,100
Janitor	700
Heat	550

HEADQUARTERS PROPERTY

Gas and water	300
General Expenses	500
Light	550
	\$5,700

COMMENT AND ACTION

1. Information.
 2. Whereas the Auditors have recommended that the funds of the Committee on Headquarters Property be part of the general account and
Whereas the Executive and the Committee on Headquarters Property are in agreement, therefore be it
Resolved that the housing fund be now part of the general account.
- ADOPTED
3. Information.
 - 4-7. Information.
 8. Agreed.
 9. Interesting informative matter.
 10. We have examined and approved the budget for 1961.

Comment

Whereas the headquarters staff are now occupying every inch of available space in the headquarters building, and

Whereas proposed future extension of services will be curtailed because of lack of accommodation, therefore be it

Resolved that the Committee on Headquarters Property undertake a study of requirements for future use of the building and that the results and recommendations of such a study be presented at the next meeting of the Board of Governors.

ADOPTED

We thank the members of the Committee on Headquarters Property for their excellent report and express our appreciation. We move adoption of the report of the Committee on Headquarters Property.

APPROVED

HOSPITAL DENTAL SERVICES

MEMBERS: A. A. Antoni, *Chairman, Toronto, Ont.*; F. A. Smith, *Vancouver, B.C.*; G. A. Buchanan, *Winnipeg, Man.*; J. Methven, *Toronto*; G. de Montigny, *Montreal, P.Q.*; J. Sherman, *Toronto*; N. Hori, *Toronto*; D. M. Tanner, *Toronto*.

REPORT

1. This committee held five meetings altogether since the last Board of Governors' meeting. The first was held at the Canadian Dental Association Headquarters on October 19, 1959. The Chairman outlined the year's program for the committee.
2. The government's hospital insurance plan has now been almost nationally adopted and several provinces have already amended their respective hospital acts to include dentistry. The committee, therefore, elected to work out a model set of by-laws, (Appendix A) which might be compatible to all, and which, if adopted, would help to standardize and regulate dental services in hospitals across the country.
3. A copy of the model by-laws, together with a suggested form to be used when applying for appointment to the dental staff of a hospital, (Appendix B.) and another for application for specialty privileges (Appendix C), are appended to this report.
4. A copy of the above mentioned were sent out to secretaries of Corporate Members for comments, criticisms and suggestions. Several replies were received. Generally, the comments were most favourable, and the criticisms few.
5. Dental activity in hospitals has already increased. It will surely continue to do so in the future. The committee felt that both the Chiefs of Hospital Dental Services, and Hospital Administrators, might be benefited by some sort of guide or yard-stick regulating hospital dental services. The committee has, therefore, drawn up a brochure on "Policies and Regulations Governing Hospital Dental Services" (Appendix D).
6. At the request of Dr. W. Dunn, the Ontario Registrar-Secretary, this committee met to discuss several problems and to consider suggestions from the Ontario Hospital Services Commission regarding dental admissions to Ontario hospitals.
7. As a result of this meeting and further negotiations between the Commission and Dr. Dunn, the Ontario Commission has stated its policy. (Appendix E.)
8. The committee feels that because of the increase in hospital dentistry, more consideration should be given to this phase of instruction at the undergraduate level.
9. The Chairman wishes to record his thanks to all the members of the

committee, and a special vote of thanks to Dr. W. Dunn, the Ontario Secretary-Registrar. He always willingly attended our meetings when invited. Because of his keen understanding of the problems confronting this committee, he was always able to render most positive assistance and guidance.

10. The following is a list of hospitals which have applied for and received approval of their dental services by this committee.

- (i) Vancouver General Hospital, Vancouver
- (ii) Shaughnessy (DVA) Hospital, Vancouver
- (iii) Deer Lodge (DVA) Hospital, Winnipeg
- (iv) The Toronto General Hospital, Toronto
- (v) Doctors Hospital, Toronto
- (vi) New Mt. Sinai Hospital, Toronto
- (vii) St. Michael's Hospital, Toronto
- (viii) Hospital for Sick Children, Toronto
- (ix) Sunnybrook (DVA) Hospital, Toronto
- (x) Hamilton General Hospital, Hamilton
- (xi) L'hôpital du Sacre Coeur, Montreal
- (xii) Montreal Children's Hospital, Montreal
- (xiii) Montreal General Hospital, Montreal

This is not an impressive list, but I have hopes that we will see it grow tremendously within the next few years.

Recommendations:

(a) This committee recommends the adoption of the model by-laws, the application forms, and the brochure on "Policies and Regulations Governing Hospital Dental Services", as submitted.

(b) Further, it recommends that copies of same be mailed to all Secretaries of Corporate Members, to be distributed to Chiefs of Hospital Dental Services, Hospital Administrators, and other interested people.

(c) Further, this committee also recommends that the Council on Dental Education undertake to study the question of hospital training to undergraduates, as it prevails in all the Canadian dental schools. The committee will gladly work along with the Council on this important project. The committee feels that concrete recommendations for improving this phase of dental training should ensue from such action.

MODEL BY-LAWS FOR PUBLIC HOSPITALS DENTAL SERVICE

1. Appointment

1. The Board may appoint one or more dentists to the professional staff of the hospital and specify the privileges that each dentist so appointed shall enjoy in the hospital.

2. No person other than one holding a Certificate of Licence under the Dentistry Act shall be eligible to appointment to the dental staff.

3. Appointment to the dental service shall be for one calendar year and may be a full-time appointment, as determined by the Board.

4. An applicant for membership on the Dental Staff shall submit his application in writing, in duplicate, to the administrator in a form specially provided for this purpose, and available at all hospitals.

4-a) An applicant wishing privileges of performing speciality procedures within a hospital, should also submit an application for same in writing and in duplicate, on a specially provided form.

4-b) One copy of above applications should be sent to the Chief, Dental Department, or to the provincial licensing body if Dental Department does not exist, for approval.

5. Each application shall contain a statement by the applicant that he has read the by-laws and rules of the hospital, the general regulations under the Public Hospital Act and the regulations under The Hospital Services Commission Act, 1957, and an undertaking that, if he is granted privileges in the hospital, he will govern himself in accordance with the provisions set out in the said by-laws, rules and regulations.

6. The Administrator shall refer the application to the secretary of the Board who shall forthwith make the contents of the application known to the secretary of the Medical Staff.

7. Before making an appointment to the Dental Staff and granting privileges to a dentist, the Board shall ask for and receive a report from the Medical Staff, or from the Credentials Committee of the Medical Staff, as to the professional reputation and experience of the applicant and the authenticity of his qualifications.

7-a) Where a Dental Department already exists, the applications and report should be submitted to the Chief of Dental Services for his approval.

2. Duties of Dental Staff

1. The Dental Staff shall work as a service and be responsible to the president of the Medical Staff if the hospital is not departmentalized.

2. Where a dental department exists, the dental staff shall be responsible to the Chief of the Department of Dentistry.

3. To give the best possible care to every dental patient, the Dental Staff shall co-operate with the chief-of-staff, the president of the Medical Staff, the Medical Advisory Committee and the Chief of the Dental Department.

3. Each Member of the Dental Staff Shall:

1. For every patient under his care, within 48 hours after the admission of the patient, complete and enter on the patient's case record:

- a) Any dental history of the patient relevant to the cause of his admission.
- b) The findings of a dental examination.
- c) A provisional diagnosis.
- d) The proposed course of treatment.

2. Prepare a written description of every dental treatment, procedure or operation performed on a patient within 24 hours after it was performed and attach such description to the patient's case record.

3. Attend general or departmental Medical Staff meetings at 48 hours' notice and be prepared to present the dental aspect of any case in which he has examined, treated or operated on a patient, and discuss the case for the benefit of the meeting.

4. Admissions

Each patient admitted for dental treatment or operation shall be admitted by a member of the Dental Staff and if necessary in conjunction with a member of the Medical Staff.

5. Medical Records

Before dental treatment or oral surgery is undertaken on an in-patient, a complete medical examination shall be performed and a case history shall be completed by a member of the Medical Staff with the same thoroughness as if the patient had been admitted to undergo a general surgical operation.

6. Consultations

Indicated consultations shall be held on a dental patient as they would be for any other patient.

HOSPITAL DENTAL SERVICES

7. Medical Staff Meetings

1. A member of the Dental Staff shall attend departmental and general meetings of the Medical Staff.

2. When a member of the Dental Staff has been given 48-hours' notice that the case of a patient who was examined by, operated on by, or treated by that member, is to be presented at a general or a departmental Medical Staff meeting, failure of the dentist to appear and present his part of the case may subject him to such disciplinary action as may be recommended to the Board by the Credentials Committee, through the Medical Advisory Committee, similar to the action against a physician on the Medical Staff for neglecting to comply with some provision of the by-laws of the hospital.

8. Head of the Dental Department

1. Where the Board has appointed more than one dentist to the staff of the Dental Service, it shall appoint, annually, one of the members of the Dental Staff who is considered best qualified by training, experience, ability and judgment to be the Chief of the Dental Department.

2. Before making the appointment the Board may ask for and consider the recommendations of the Credentials Committee of the Medical Staff and the Dental Advisory Committee (if one exists).

3. The Head of the Dental Department shall supervise the professional care given by all members of the Dental Staff and shall be responsible to the Board, through the chief-of-staff, for the quality of care given patients by members of the staff of the Dental Service.

4. The Chief of the Dental Department shall sit as a voting member of the Medical Advisory Committee.

Appendix B

Name of Hospital
Address

MODEL APPLICATION FOR APPOINTMENT TO THE
DENTAL STAFF

To the Board of Trustees:—

I hereby apply for appointment to the Dental Staff of
....., and declare and warrant that the following information is
true and accurate to the best of my knowledge and belief.
Name in full

HOSPITAL DENTAL SERVICES

Date and Place of birth
Citizenship Religion
Residence Address Phone
Office Address Phone
Licence to practice? Yes No. In which province?
Have you practised in another part of Canada?
If so, where and when?

State in detail your pre-dental education, with degree received, if any
.....
.....
.....

When, and from what school, did you graduate in Dentistry

Have you served an internship in any hospital? If so,
where and when

What post-graduate diplomas, degrees, certification, or fellowship do you
possess, and where and when were they obtained

Are you, at present, a member of the Dental Staff of any other Hospital, or
Hospitals? If so, list them

Have you, in the past, been a member of the Dental Staff of any other
Hospital? List

Have you ever been asked to resign from the staff of any Hospitals?
Of what dental societies and associations are you a member?

I request appointment to the Dental Staff, in the

1. Honorary Consultant Group
2. Active Consultant Staff Group
3. Active Staff Group
4. Courtesy Staff

I hereby acknowledge receipt of, have thoroughly read and, if appointed
to the Dental Staff, in consideration of such appointment, agree and under-
take to conform to, and to govern myself in accordance with the provisions

HOSPITAL DENTAL SERVICES

and requirements set out in the by-laws and rules of the Hospital, and in the General Regulations under the Hospitals Act of

Date Signature

Appendix C

Name of Hospital
Address

FORM II. MODEL APPLICATION FOR SPECIALTY
PRIVILEGES IN HOSPITAL

To the Board of Trustees of the

I hereby apply to be granted the privilege of practising procedure per-
taining to the dental specialty of
Outline training

Diploma Date obtained
Certification Date obtained
Board or Fellowship Date obtained

And I solemnly declare and warrant that my past training and exper-
ience has been of such a nature and duration that I now consider myself
competent and capable of proficiently practising this specialty.

Signature

Date
Witnessed

Appendix D

POLICIES AND REGULATIONS GOVERNING
HOSPITAL DENTAL SERVICES

A— DENTAL POLICIES

- “COMMITTEE” means Dental Advisory Committee.
- “DENTAL STAFF” means all dentists including specialists who have been granted privileges of attending patients in the hospital, by the Board of Governors of the Hospital.

“SPECIALIST” means a dentist, who holds a fellowship or certification, in a recognized dental specialty, which has been issued by the Licensing College of the Province concerned, and recognized by the Hospital Board after consultation with the Dental Advisory Committee.

QUALIFICATION OF DENTAL STAFF

- (1) Only a person qualified to practise Dentistry and registered under the provisions of the Dentistry Act of the Province shall be eligible to be a member of the Dental Staff of a Hospital in that Province.
- (2) In the case of a teaching hospital, affiliated with a University, it would be preferable if the dentist were also on the teaching staff of the University.

APPOINTMENT TO THE DENTAL STAFF

Appointments to the dental staff shall be made in conformity to existing regulations of the Hospital.

ORGANIZATION OF THE DENTAL STAFF

- (1) The dental staff shall elect annually three to five of their own members to serve as a Dental Advisory Committee to the Hospital Board. The Chief of the Department of Dentistry shall be designated as chairman and represent the Dental Staff on the Medical Advisory Board of the hospital.
- (2) The duties of the Dental Advisory Committee shall be:—
 - (a) To consider and make recommendations regarding hospital dental policies.
 - (b) To consider applications for appointment to the dental staff of the hospital, and make recommendations for acceptance, deferral or rejection to the Hospital Board or their designate.
 - (c) To meet quarterly to consider items relevant to the dental staff organization and dental policy in the hospital.
 - (d) To act as an advisory disciplinary committee.
 - (e) To foster and conduct a continuing educational program, not only for the dental staff, but for all other staff groups in the hospital.
- (3) The chief of the Dental Department, as appointed annually by the Board, may divide the dental staff into services according to recognized dental practice; e.g. Oral Surgery, Orthodontics, Periodontics, Paedodontics and General Practice.
- (4) A specialist may make application on the approved form to be granted the privilege of performing all procedures within the scope of his specialty.

HOSPITAL DENTAL SERVICES

- (5) A dental staff member shall not perform within the hospital any procedure, which he is not privileged to perform, unless he has with him another Dental Staff member who is privileged to perform said procedure.

B- REGULATIONS

1. Dental patients shall be admitted when the procedure contemplated can be more safely rendered in the hospital, in the event of poor general health or complicating systemic disease, where extensive dental abnormalities and/or procedures are involved, in cases of serious traumatic injuries and acute dental infections. A dental patient must enter hospital one full day prior to surgery, to allow for a proper work-up by the medical staff.
2. The medical staff shall be responsible for all necessary examination and assessment of the patient's condition prior to dental treatment and oral surgery. The dental staff shall carry out dental procedures and shall leave such orders for care of the dental condition as may be necessary.
3. Arrangements for the scheduling of dental cases in the operating room will be made by the intern staff concerned.
4. Detailed regulations for outpatient work should be worked out and developed by the dental department, together with the Hospital Administrator and the Department of Anaesthesia of the hospital. Simple extractions requiring general anaesthesia may be admitted on an outpatient service. Complicated procedures should not be handled on an outpatient basis.

Appendix E

Following is the policy of the Ontario Hospital Services Commission with respect to dental care in hospitals. This policy was effective June 1, 1960.

- (a) No benefits will be provided for admissions for simple extractions of seven teeth or less unless there are justified medical complications.
- (b) If there is an extraction of eight teeth or more, we will routinely allow up to two days of hospital care; if the patient is over 65 years of age, up to three days care may be allowed.
- (c) When admission is for major oral surgery, the full number of days necessary for treatment will be allowed upon approval of the Commission's Medical Consultant.

HOSPITAL DENTAL SERVICES

- (d) Hospital benefits will be provided for patients with cerebral palsy, and mentally retarded children, for general dentistry and extractions for whatever period is indicated.

COMMENT AND ACTION

1. Informative.
2. Agreed including Appendix A.
3. Agreed.
4. Informative.
5. Agreed including Appendix D.
6. Informative.
- 7, 8. Agreed.
9. Noted.
10. Noted with interest.

Recommendations

(a), (b) & (c) Agreed.

We congratulate the Hospital Dental Services Committee for their splendid achievements during the past year and recommend the adoption of their report.

APPROVED

MEMBERS: *P. G. Anderson, Chairman, Willowdale, Ont.; T. R. Marshall, Toronto; E. S. Dorion, Montreal, P.Q.; L. V. Janes, Hamilton; W. R. Scott, Vancouver, B.C.; Wm. H. Macneil, Halifax, N.S.; L. Bernier, Quebec; H. W. Reid, Toronto.*

REPORT

1. The Health Insurance Studies Committee meeting was held at the Canadian Dental Association Headquarters on May 2nd and 3rd, 1960.

2. The recommendations and comments on the committee's report to the Board of Governors last year were received and action taken wherever indicated.

3. Provincial Reports

To attempt to publish all provincial reports would be voluminous and in some cases similarly repetitious. It is planned that each year one or two provincial reports be appended to the Health Insurance Studies report. The report from Ontario appears as Appendix A.

4. Prepayment Plans

(a) As reported before the Board of Governors last year, the Health Insurance Studies Committee undertook a study of prepayment plans with a view toward establishing a pilot plan. This action was considered necessary because of the increasing interest by so many groups in prepaid plans.

A sub-committee was appointed consisting of Harvey W. Reid, William G. McIntosh, Wesley J. Dunn, Don W. Gullett, Ken L. Croft, Miss Boyd (Director of Economic Research), and Dr. P. G. Anderson. The sub-committee held many meetings in discussion of

- (i) The principles for prepayment plans.
- (ii) Reviews of prepayment plans existing elsewhere.
- (iii) The proposed model plan.
- (iv) The estimated premiums.

(b) A digest of these discussions appears as

Appendix B—Principles of prepayment plans.

Appendix C—Model of a prepayment plan for Dental Services.

Appendix D—Estimated premiums for a pilot model plan of prepaid dental care.

and appear as content of this report.

5. Orthodontic Services

As indicated also in the Transactions of 1959, the Ontario Society of

Orthodontists was requested to make a study of all aspects of a plan that would provide prepaid services to interested groups. This sub-committee on Orthodontics has been very active and presented an interesting progress report. This progress report is not given here because so much more statistical investigation is necessary in order to bring in a recommended report. This sub-committee will continue its work and will meet with the Health Insurance Studies Committee in the future.

6. Post Payment Plans

The Board of Governors at their meeting last year approved the following resolution:

WHEREAS the dental profession is now possessed of reasonable experience in the administration of post payment plans, therefore be it

RESOLVED that the Health Insurance Studies Committee be requested to review the Principles on Post Payment Plans in light of this experience.

After considerable examination and discussion of the principles and methodology of post payment plans for dental services, the Health Insurance Studies Committee unanimously recommended that the present modus operandi remain in force. (See Appendix F).

7. Each year any further information that can be used in furthering the interest and understanding of Canadian Dental Service Plans Inc., is presented. DSPI therefore, by request, presents useful information to clear up any possible misunderstandings about the operation of DSPI. (Appendix E).

8. Auxiliary Personnel

Because of some events which have transpired within the past year where the practice of dentistry is seriously concerned, the Health Insurance Studies Committee recommends to this Board that

“Due to the urgent need of training adequate auxiliary personnel, immediate measures be taken in to facilitate the rapid establishment of a program of training for such personnel.”

9. Fee Schedules

(a) By virtue of discussions of prepayment and post payment plans and other areas where fees were concerned, considerable debate centered about the question of fee schedules. The following resolution was approved:

WHEREAS dental services are expanding rapidly into new forms, thus creating a situation where a considerable number of schedules could exist in a province, and

HEALTH INSURANCE STUDIES

WHEREAS consistent and continuing effort is necessary in order to sustain an equitable fee schedule, therefore be it

RESOLVED that the profession establish one recognized fee schedule on the provincial level and if necessary for specific purposes pro-rate this one fee schedule.

(b) The implementation of this resolution is contained in the resulting motion:

“THAT the chairman appoint a committee to study the broad principles involved in the formation of a fee schedule and its relation to the profession and the extending of dental services to the public.”

10. Group Practice

Considerable correspondence has been referred to the Health Insurance Studies Committee requesting information on group practice of dentistry and the policy of the Canadian Dental Association on this subject. It was decided that, because of the many unknowns related to this subject, a special study should be made.

The following resolution was approved:

“THAT the chairman appoint a committee to study the economics and many other aspects of group practice and report back to this committee.”

The results of this study, when fully tabulated will, in turn, be reported to the Board of Governors of the Canadian Dental Association.

11. Survey of Dental Practice 1958

As approved by the Health Insurance Studies Committee, the Survey of Dental Practice has been conducted and the results reported. To all who participated in this significant and informative project we are indeed grateful.

12. Change of Committee Name

In revising the present by-laws of the C.D.A., the question has arisen that a currently more appropriate name might be applied to this committee.

The committee recommends that the name of this committee be changed to “Dental Services Committee”.

13. The chairman wishes to record his thanks to all the members of the committee, to the Secretary, to the Director of Economic Research, the provincial representatives, and all those who participated in the discussions.

ONTARIO DENTAL SERVICES COMMITTEE

1. Pre-Payment Plans

The Canadian Dental Association's Health Insurance Studies Committee has now established a Sub Committee comprised of Drs. P. G. Anderson, H. W. Reid, W. G. McIntosh, Wesley J. Dunn, Don W. Gullett, Mr. Ken Croft and Miss Isabel Boyd to study and make recommendations on prepayment plans for dental care services. The Committee has had several meetings and believes prepayment, at last on a group basis, is both desirable and feasible. Efforts are continuing.

2. Welfare Plan

(a) *The Pamphlet*, "the Dental Welfare Plan", has been distributed to each Ontario dentist and the reaction has been most favourable.

(b) *Financial Report*

An audited statement of receipts and expenditures for the contract year 1 Jan./59 to 31 Dec./59 is presented as follows:

WELFARE ACCOUNT
MOTHERS' ALLOWANCE & DEPENDENTS ACT

Calendar Year 1959

Receipts

1 Jan. to 31 Dec. 59	\$159,153.40	
Grant Outstanding	14,875.00	
Total Grant applicable to 1959		\$174,028.40

Disbursements

Paid to dentists	\$142,654.00	
Administration charges	12,838.96	
	\$155,492.96	\$155,492.96
		\$ 18,535.44
Unpaid 1959 accounts on hand	\$ 4,840.00	
Estimated fees outstanding in dentists' offices	14,000.00	
Total estimated liability	\$ 18,840.00	

The above is based on a 75% of fee payment being acceptable as payment in full.

HEALTH INSURANCE STUDIES

COST OF OPERATION

Expenses—Calendar year 1959

Salaries	\$ 9,493.50	
Stationery & supplies	2,722.11	
Postage	880.26	
Rental	1,406.25	
Travel	811.25	
Audit fee	300.00	
Depreciation	264.86	
Telephone	128.40	
Sundry	25.00	\$16,031.63

Expenses paid in 1960 applicable to 1959 operation	1,331.28
Total cost	<u>\$17,362.91</u>

NOTE: The above include organizational costs in the amount of \$2,211.25 which were incurred in acquainting the profession and the public with the operation of the plan. These are not recurrent.

Total cost of operation	\$17,362.91
Less: Non-recurring costs	2,211.25
Actual cost	<u><u>\$15,151.66</u></u>

Therefore the actual cost of operation has been 8.7% of the grant available or 6.09 cents per recipient—month.

(c) *Statistical Report*
Statistics as compiled by D.S.P.I. are presented as follows:

Dentists

Total number of dentists participating	1,127
Largest amount paid to any one dentist	\$1,865.00
Total number of payments made to dentists	4,491
Average payment \$31.79	

Patients

Total patients participating	6,914
Average payment per patient	\$ 20.63
Largest payment on a/c of any single patient	\$179.00
Average number of children eligible per month	20,718
Total number of children eligible during year	27,096

Services Rendered

Fillings	23,556
Extractions—Posterior	8,574
—Anterior	892
Prophylaxes	1,686
Bite Wing x-rays taken in	2,397 cases

Dentist Contribution

Unpaid fee based on O.D.A. Schedule	
1959 payments	\$47,545.00
Outstanding	6,280.00
	\$53,825.00

or 30.9% of the Government grant.

This does not take into consideration all unauthorized treatment completed by individual dentists and not paid or accounted for.

(d) Extension of Program

The Secretary reports on conversations with Dr. Kohli, Director of Dental Services, Ontario, relative to the existing plan for Direct Relief Recipients.

"Dr. Kohli explained that in 1933 a Committee comprised of Drs. Mason, Husband, R. G. McLean, Fred Conboy and Angus Kennedy met with Dr. Bell the Deputy Minister of Health to establish the presently existing plan for repair of dentures and necessary extractions for those on direct relief only. This Committee was established by order in Council and therefore was not particularly representative of official bodies of dentistry.

This Committee met monthly to review the accounts submitted and authorized certain payments. Gradually the services of the Committee dissipated and only one member of the Committee survives. The Director of Dental Services acted as Secretary of that Committee.

The Director continues to oversee the payment of these accounts and realizes that the Fee Schedule which has not been altered since 1950 is quite unrealistic. He believes however that it is the responsibility of the profession to seek amendments to this Schedule. Dr. Kohli has made certain observations in this regard but he is a Civil Servant and therefore cannot, with particular forcefulness, be in a position of representing the profession.

Dr. Kohli has emphatically stated that should it be possible for the R.C.D.S. to extend its contract to include this group and therefore administer this Plan through D.S.P.I. that he would be entirely in favour and would support any observations we might wish to make to Mr. James Band the Deputy Minister of Public Welfare.

HEALTH INSURANCE STUDIES

The present Plan provides fees of \$3.00 for an extraction plus \$1.00 for each additional tooth extracted at the same sitting. The fee for general anaesthesia is \$5.00 and \$1.00 for each tooth extracted and the fee for repair is \$5.00”.

The Committee reiterated our policy that we should attempt to undertake any reasonable procedures which will extend dentistry's services more broadly and that in any meeting with representatives of Government our willingness to serve be enunciated.

The members of the dental services committee recommend that the plan for dental services to Direct Relief Recipients presently being administered by the Department of Public Welfare with the assistance of the Director of Dental Services should be investigated for the possibility of D.S.P.I. undertaking its administration on bases considered equitable.

And the Secretary was given the assignment of meeting with representatives of Government following the development of the Annual Report.

Special Notes:

- (i) During the fiscal year 1960 payments will be made to dentists on the basis of a $66\frac{2}{3}$ per cent pro-ration as pertained in the fiscal year 1959.
- (ii) The net loss to D.S.P.I. for administration of the Welfare Plan for the first year of operation (including the three month pre-operating period) amounted to \$4,523.95. This net loss incurred by D.S.P.I. has been paid to D.S.P.I.
- (iii) A report to the Canadian and Ontario Journals has been prepared and embraces (1) purposes, (2) statistics, (3) finances, and (4) possibilities of future development.

3. Post Payment Plan

(a) *Utilization of the Plan*

It is the general consensus that the Plan as conceived is sound and is capable of a significant contribution as a health service. Increased utilization is imperative. We suggest that future efforts be made to encourage those members who employ the plan reasonably extensively to act as promotional committees in their respective areas.

The Ontario Dental Association and the Canadian Dental Association have been approached relative to the participation of D.S.P.I. in their convention programs.

A lecture on the organization and administration of D.S.P.I. was given to the senior class on March 15th, 1960 by Dr. Dunn after permission had been granted through the normal channels.

(b) *Credit Policy*

The agreements submitted for whom credit ratings have not been readily available are to be accepted contingent upon the dentist agreeing to accept the normal service costs chargeable against the patient if the account is not collectible.

The Board of Directors of D.S.P.I. recommended that an amendment to the existing policy in respect to the Post Payment Plan be approved and further such policy to make possible a surcharge and collection charge for overdue accounts and further Mr. Jackson was requested to develop proposals to make the institution of such policy possible. This is now in progress.

Appendix B

PRINCIPLES FOR PREPAYMENT PLANS

1. The plan should be operated on a non-profit basis.
2. The plan should be developed, maintained and advocated to the public upon the advice of representatives officially designated by the profession.
3. All rules and policies related to the dental treatment under the plan, including examination, diagnosis, treatment, prevention and health education, should be determined by representatives officially designated by the profession.
4. The type and amount of service, with the conditions under which such service is to be provided, should be designated explicitly in the plan so that no misunderstanding may arise either by dentist or patient in the operation of the plan.
5. Fees for dental services paid to dentists under the plan should be determined by the recognized provincial dental organization. In all cases fees should be consistent with the provision of high quality dental services.
6. Freedom of choice should be carefully safe-guarded. The patient should have freedom to choose the dentist and the dentist should have the right to accept the patient. For this reason no ethical and legally qualified dentist should be excluded.
7. The dentist must have complete freedom and responsibility of judgment in rendering dental services.
8. In order to assure low administrative costs, sound and efficient business practices should be employed.

9. Payment for services should be made directly to the dentist.
10. The plan should sustain and encourage high quality dental services at all times. Representatives authorized by the dental profession should control the extent and type of treatment, being the only group legally and educationally qualified to exercise such control.

ADOPTED

Appendix C

MODEL OF A PREPAYMENT PLAN FOR DENTAL SERVICES

1. **Principles:** The principles for establishing and operating a prepayment plan are outlined in *Principles for Prepayment Plans* adopted by the Canadian Dental Association in 1960.
2. **Administration:**
 - (a) Competent legal advice should be sought.

The legislation under which prepayment plans for health insurance operate differs from province to province and many details of organization will be shaped in the light of the legal requirements of the individual province.
 - (b) The prepayment plan should be administered by a separate corporation which has been properly established so that it can administer all dental services plans operating within the province.

Even if it were not actually necessary from the standpoint of provincial legal requirements, the separation of the dental services corporation and the provincial dental association is still highly desirable on grounds of good public relations and sound administrative procedure. The combining of the administration of the various plans operating within any one province (welfare, postpayment, etc.) under one corporate body will not only permit greater efficiency but will facilitate the collection of statistical information necessary for future extensions of services.
 - (c) The Board of Directors of the corporation should be kept to a minimum of 5-7.

For reasons of economy and efficiency the Board should be small in size.
 - (d) The method of selecting the Board will vary from province to province, but part of the Board should be nominated and elected by the provincial dental body sponsoring the plan and part by the participating dentists at their annual meeting.

While details of selection will necessarily vary between provinces, the principle of ensuring an adequate voice in the control of the Corporation for the participating dentist should be adhered to. This will help to secure his cooperation and develop a stronger liaison between the corporation and the profession.

- (e) Although it will probably be necessary for all members of the original board to be dentists, the recipients of the services should eventually have representation as well.

For purposes of incorporation it will be more convenient to have five dentists as the original directors. However, it is desirable, as soon as possible to augment the Board by the addition of two lay members. The dental service corporation is cast in somewhat the role of impartial agent acting between the recipient and producer of dental health services and as such it should represent not only the dentist but also the insured person who is presumed to have an interest in the dental care he is assured of and in the premium he pays. In addition, invaluable administrative experience may be available to the corporation through the addition of lay members.

- (f) The board should have a rotating membership.
This provides for some continuity in the direction of the Corporation by insuring that not all Directors can be retired at one time.

3. **Records and Statistics:**

Provincial dental services corporations should endeavour to develop a uniform system for keeping records and statistics.

A standard method of collecting and processing statistics of services rendered under the various provincial plans will permit comparative analyses to be made.

4. **Initial Implementation of the Plan:**

- (a) The plan should not be initiated until a minimum of 1000 persons has been enrolled. Each group enrolled should contain either 50 members or 75 per cent of the total possible membership whichever is the larger.

A substantial number must be enrolled in the plan in order to keep administration costs within reasonable limits. A major portion of each group must be enrolled so that the plan has some safeguard against an adverse selection of risks.

- (b) The plan should initially cover only those from 3 to 15 years of age.

Valid statistics on the need for dental care are available for this age group only. Without similar knowledge of the other groups it is impossible to estimate the necessary premium structure.

- (c) The benefits initially offered to the 3 to 15 years group should be restricted to those about which there is some reliable statistical information.

In the setting of a premium for a dental services plan, there must necessarily be many estimates of unknowns. For example, the percent of insured children who will actually avail themselves of the services of the plan can only be guessed at. For this reason, it is prudent to keep within the bounds of the "known" wherever this is possible. Therefore, benefits should not be offered for which there are no available figures on probable average costs per patient.

- (d) A post payment plan on a payroll deduction basis could be set up to help those above the covered ages to budget for the dental costs they incur.

Some benefits of the plan would then extend to all members of the family. The corporation would be in a position to gather valuable statistics on the amount of dental services utilized by the older age groups. Such information would be essential in the event that it was considered advisable at some date to extend coverage to adults.

5. Extension of Coverage:

- (a) The upper age limit can be raised one year annually to include those children who have been enrolled prior to their 16th birthday and who have taken regular advantage of the services offered under the plan.

While the plan would be financially incapable of offering initial treatment to those over 16, it would be possible in this way to gradually extend coverage and to enable those who have been members of the plan and who now need only maintenance care to maintain their coverage.

- (b) While it will probably be desirable in the first instance to offer only basic benefits, it should be possible to gradually extend the of services that are insured.

In the opening days of a plan of this type, benefits must be limited to more or less basic care because the plan should not be too ambitious before it has gained experience in operating and because premiums must be kept attractive. However, when

the additional need of the patient, the financial position of the plan, and the availability of personnel can be more accurately gauged, it would be possible to gradually increase the number of services covered.

6. Fee Schedule:

- (a) The basis of the fee schedule used by the corporation will be the adopted fee schedule of the provincial dental organization.

The fee schedule of the dental organization will be adopted by the corporation but it may be necessary to refine it in certain instances.

- (b) Should the need arise, the accounts of participating dentists would have to be pro-rated.

While it will be the intention of the dental services corporation to pay the full amount of the dentists' fees and while premiums will be calculated on this basis, it will be necessary for participating dentists to realize that, in the advent of costs rising above expectations, a certain per cent of their fees could not be paid. A commercial insurance company establishes an underwriting fund to protect it from contingencies. An association-sponsored corporation with no such fund must rely upon the profession's acceptance of pro-ratio in order to underwrite its plan.

APPROVED

Appendix D

ESTIMATED PREMIUMS FOR A PILOT MODEL PLAN OF PREPAID DENTAL CARE

1. Assumptions

The following assumptions have been made in the calculation of these premiums:

- (a) *Benefits:* It has been assumed that the program to be offered will be a caries care program for children under 16 years of age. The following benefits might be included:

- (i) examination and prophylaxis once a year;
- (ii) bite wing radiographs if necessary once a year;
- (iii) silver amalgam restoration (including local anaesthesia) ;
- (iv) synthetic porcelain restoration (including local anaesthesia) ;
- (v) extraction;
- (vi) space maintainers.

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(b) *Fee Schedule:* As the fees charged for the above benefits will vary from province to province, the fees used in the calculation of the premiums were based where possible on rounded cross Canada averages. For example, the 1958 average fees for two surface amalgams and silicate filling were \$4.92 and \$4.69 respectively.

(i) examination and prophylaxis	\$ 4.00
(ii) bitewing radiographs	4.00
(iii) silver amalgam restoration (including local anaesthesia)	
1 tooth surface	4.00
2 tooth surface	5.00
3 tooth surface	7.00
(iv) synthetic porcelain restoration (including local anaesthesia)	5.00
(v) extraction—single	4.00
additional, same quadrant	2.00
(vi) space maintainers	\$15.00

(c) *Cost of the Programme:* It has been assumed that the services required by each child taking advantage of the plan will not in a year exceed the benefits per patient rendered under the dental welfare plan of Ontario.

In 1959, 6,914 patients participated in the Ontario plan; for these patients, there was a total of 23,556 fillings and 9,466 extractions. Using information gathered in a preliminary 10 per cent random sample of the 6,914 patients, it is possible to estimate the approximate annual per patient cost of fillings and extractions with fees as listed in (b). This figure of \$22.00 would rise to \$30.00 if the cost of one examination and prophylaxis and one set of bitewings per year is added.

According to information obtained from Dr. Grainger, the per capita cost of adding space maintainers to the program would be about \$2.00 a year. This would raise the total average cost to \$32.00.

(d) *Administrative Costs:* Provided the group initially enrolled is sufficiently large, the administrative costs for a program of this type should not exceed 15 per cent in the first year and 10 per cent thereafter. If the administrative machinery is already in operation then it would be possible to administer the plan for 10 per cent from the outset.

(e) *Reserves:* The premium arrived at should supply sufficient funds so that 5 per cent may be withheld for reserves after payments for benefits and administrative costs have been met.

(f) *Utilization:* Possibly the most controversial point in trying to determine a premium is the question of what per cent of eligible child-

ren are likely to take advantage of the services offered by a plan. It could conceivably vary from the 33 per cent utilization experienced by the Welfare Plan of Ontario to the 71 per cent of eligible participating in the first year of the ILWU-PMA dental programs. Only actual experience in operating a prepayment plan will answer this question.

A fair degree of caution would seem to be called for in adopting the utilization figure of the Ontario plan without modification. If such a plan were run through a union it might urge its members to utilize the plan as much as necessary to provide better dental health care for their children. If employees were to pay all or even part of the premium themselves, they would not be likely to enroll unless they intended their children to take advantage of the service.

(g) *Pro Rating*: It is recognized that dentists' accounts would probably be prorated so that at least 10 per cent was withheld. This "safety factor" however, should not be taken into consideration when calculating premiums.

2. Estimated Premiums

The factors which must be considered in the calculation of a premium are,
per cent of utilization
average cost per patient,
reserves and administrative costs.

The following table shows the range of monthly premiums when these components of the premium are varied.

Table 1

Monthly Premiums for a Prepaid Dental Care Plan
When Per Cent Utilization, Cost per Patient and Per Cent Allowance
for Administration are Varied

		Per Cent Utilization				
		40%	50%	60%	70%	75%
Plan 1.	With annual cost per patient for restorations and extractions only					
	22.00					
	(a) and low allowance for administration	10%	.90	1.10	1.30	1.55
	(b) and high allowance for administration	15%	.95	1.15	1.40	1.60
	1.75					
Plan 2.	With (1) plus one examination and prophylaxis and one set of bitewings annually					
	30.00					
	(a) and low allowance for administration	10%	1.20	1.50	1.80	2.10
	(b) and high allowance for administration	15%	1.25	1.60	1.90	2.20
						2.35

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Plan 3. With (1) and (2) plus space maintainers	32.00					
(a) and low allowance for administration	10%	1.30	1.60	1.90	2.20	2.35
(b) and high allowance for administration	15%	1.35	1.70	2.00	2.35	2.50

To provide the basic benefits plus one examination and prophylaxis and one set of bitewings annually with a low allowance for administration, the monthly premium would be at least \$1.20. The addition of space maintainers to these benefits would raise the premium to a minimum of \$1.30. The prorating of dentists accounts which would be necessary as utilization rose is shown in Table 2.

Table 2
Per Cent of Dentists Accounts Which Could be Paid
At Different Per Cents of Utilization

		Per Cent Utilization					
		Monthly Premium	40%	50%	60%	70%	75%
Plan 1. Restorations and extractions only (15 per cent allowance for administration and reserves combined)		.90	1.05	.81	.64	.52	.48
		1.00	1.19	.91	.73	.60	.55
		1.10	1.32	1.02	.82	.68	.62
		1.20	1.46	1.13	.91	.76	.70
Plan 2. Plan 1 plus one examination and prophylaxis and one set bitewing annually		1.20	1.02	.78	.62	.51	.46
		1.30	1.12	.86	.69	.56	.52
		1.40	1.22	.94	.76	.62	.57
		1.50	1.32	1.02	.82	.68	.62
Plan 3. Plan 2 plus space maintainers		1.30	1.04	.80	.64	.52	.47
		1.40	1.14	.87	.70	.57	.52
		1.50	1.23	.95	.76	.63	.57
		1.60	1.32	1.02	.82	.68	.62

For example, if a premium of \$1.50 were charged for Plan 2. the dentists' accounts could be paid in full as long as utilization was not over approximately 50 per cent. Should it rise to 60 per cent only 82 cents for each \$1.00 of fees could be paid.

3. Example

A provincial dental services corporation offers a caries care program including one examination and prophylaxis and one set of bitewing radiographs annually. It estimates that the average cost per patient will be \$30.00 a year but that only 50 per cent of those enrolled will take advantage of the plan in any one year. It decides it can administer the plan for 10 per cent of its income.

According to Table 1, Plan 2 with:

average cost	\$30.00
utilization	50%
administration	10%

the monthly premium will be \$1.50 per child.

The plan enrolls 3,000 children between the ages of 3 and 16. Its income and expenditures would be as follows:

	Expenditures	Income
Annual Income (3,000 x \$1.50 x 12)	\$	\$54,000
Cost of Dental Care (\$30 x 50% x 3,000)	45,000	
Administration (10% x \$54,000)	5,400	
Reserves (5% x \$54,000)	2,700	
	53,100	54,000
		53,100
Surplus		900

COMMENT RE ADMINISTRATION

Administrative costs are high, particularly when the subscribers' group is small. For a group of 1,000 the cost of administration would be out of proportion resulting in too large a percentage of the premium being utilized for the purpose.

As stated above legal requirements demand establishment of a corporation on the provincial level. This corporation would set the policy respecting the benefits, fees, etc. for any plan within the respective province. In order to overcome the high cost of the necessary detailed operation of a plan it is suggested that the established facilities of Canadian Dental Service Plans Incorporated be utilized.

In future when a provincial corporation has enrolled a sufficient number of subscribers through the establishment of groups for services full administrative services could be established. However it should be pointed out that need for central administrative facilities will always exist if plans materialize. Such necessity will exist for two main reasons (1) people move from one province to another (2) large firms or unions which now appear interested operate in several provinces.

Appendix E

CANADIAN DENTAL SERVICE PLANS INCORPORATED

—W. E. Jackson

What is it?

A non-profit company with a federal charter formed to offer accounting and other services to (a) individual dentists, (b) legally organized dental bodies.

HEALTH INSURANCE STUDIES

Who is it?

The Directors of DSPI are, in effect, the Company. These directors are appointed by the legal dental body within a province. Any provincial dental body may request membership and appoint directors, subject to the approval of the board of directors already acting. This latter stipulation is necessary because, at the present moment, DSPI is being financed through the Royal College of Dental Surgeons of Ontario and other provinces entering would be expected to assume normal obligations in respect to costs.

As will be shown later, the appointment of directors to DSPI is not a necessity because the directors of the Company, as such, do not exercise any control over the operation of the various plans within any province. Their only control is over the mechanical operation and staff of the office.

When may DSPI Operate?

DSPI may provide the accounting facilities for any dental plan within any province *when requested to do so by the legal dental body within that province.*

What Power does DSPI have in itself?

The only power that the directors of DSPI have in regard to the operation of any plan is the power to say "No". If they should feel that it is not economically feasible for them to provide the services requested they may refuse to do so. Once they have agreed to operate any plan they must operate in the manner set out by the provincial body and to their satisfaction.

Who controls the operation of Provincial Plans?

The legally incorporated dental body within the province, or such committee or Board as they may have authorized.

May DSPI operate any pre-payment Plan?

Yes. The Directors may operate any plan authorized and underwritten by the provincial body inaugurating the plan or its legally constituted Board.

What services could DSPI provide for a provincial prepayment plan?

It could: receive accounts from the provincial corporation and process them; keep records of members and payment of premiums; pay dentists; collect premiums; determine eligibility of members; check accounts for errors; and keep statistics for the corporation in order that it may evaluate its program.

It would be up to the dental services corporation of the province to: select its own board; determine benefits; approve the fee schedule; establish premiums; negotiate contracts with groups; decide on all policy matters; and review accounts referred from DSPI.

Why is an organization such as DSPI preferable to other arrangements?

It is already equipped to handle the plans of several provinces. A provincial dental services corporation would find it more economical to administer its prepayment plan through DSPI than to establish an organization of its own.

Appendix F

**PRINCIPLES FOR POST PAYMENT PLANS
FOR DENTAL SERVICES**

(Refer to C.D.A. Transactions 1959—p. 147)

1. The plan should be non-profit and solely in the interests of the dental health of the public.
2. The plan should include a continuing program of health education in order to effect maximum benefit.
3. For administration purposes and greatest health benefit it is desirable that the plan be operated on at least a province-wide basis.
4. The plan should be under the control of the dental organization concerned.
5. Complaints related to the administration should be dealt with by the plan's governing body.
6. Complaints relating to treatment services should be dealt with by the appropriate committee (e.g. Mediation Committee) of the provincial dental organization. Such facility is essential to the plan.
7. All members of the dental profession in good standing should be eligible to participate in the plan.
8. Dentists should receive adequate instruction relating to the operation of the plan before becoming participants.
9. The promotion of the plan should be in keeping with the highest ethical standards of the profession.
10. The plan should be developed and maintained through adequate legal advice.
11. As the success of the plan depends greatly upon the number of dentists effort should be made to secure the maximum number of participants.
12. The transaction relating to financial arrangement should take place between the dentist and patient in the dentist's office.

ADOPTED

COMMENT AND ACTION

1 - 3. Information.

4. (a) Information.

(b) The principles enunciated in Appendix B are approved.

In respect to Appendices B, C, and D, the following resolution is submitted:

WHEREAS the Health Insurance Studies Committee has effectively discharged the assignment of recommending a detailed plan for a model of a prepaid dental service plan, and

WHEREAS the model plan as outlined in Appendix C of the report of the Health Insurance Studies Committee conforms to the principles for prepayment plans, and

WHEREAS the supporting information as outlined in Appendix D has been developed with careful attention to all considerations pertaining thereto, therefore be it

RESOLVED that the Model of a Prepayment Plan for Dental Services and associated material be forwarded to each corporate member with every possible encouragement to

(a) create the necessary administrative body to make the introduction of a prepayment plan possible, and

(b) utilize the model of a prepayment plan as a basis for instituting a prepayment plan for dental services.

ADOPTED

5. Information.

6. Concur.

7. The following resolution is submitted:

WHEREAS an administrative facility is mandatory before plans for group dental care can be provided, and

WHEREAS the administration of group dental care plans is vital to the welfare of not only those who receive dental services but those who provide such services, and

WHEREAS the dental profession is unquestionably more capable of administering plans for dental care services than any other group or agency, and

WHEREAS Canadian Dental Service Plans Incorporated, possessing a federal charter, exists to provide administrative or accounting services for each corporate member, therefore be it

RESOLVED that the corporate members not yet having created administrative bodies for group dental care plans be encouraged to take such action with the least possible delay, and further

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THAT each corporate member be encouraged to utilize the administrative and accounting services available in Canadian Dental Service Plans Incorporated.

ADOPTED

8. The policy statement as contained in Appendix B to the Report of the Executive Committee, as amended, and as adopted by the Board, is accepted.
9. (a) Agreed.
(b) Approved.
10. Commended.
11. Congratulations and appreciation to all concerned in conducting this survey and analysing the results. It is wished to commend Miss Boyd particularly.
Reference Appendix L—Only some of these graphs were published in the Journal. The attention of all present is directed to the full set of graphs in Appendix L.
It is suggested that these graphs be made available at Headquarters so that they may be obtained upon request.
12. Agreed.
13. Noted.

We recommend the adoption of the Health Insurance Studies Committee report.

APPROVED

MEMBERS: A. W. Grace, *Chairman, Ottawa, Ont.*; A. H. Crowson, *Ottawa*; John F. French, *Ottawa*.

REPORT

The Legislation Committee begs to report the following legislative changes pertaining to dentistry and wishes to thank the registrars of the provinces for their support.

1. Federal Government

No new legislation related to the profession was introduced or passed during the year.

A private member's motion, however, asked the Federal Government to consider a system of national health insurance, specifically, "introducing legislation to provide medical, dental and optical insurance".

The motion was introduced by Mr. Arnold Peters (CCF-Timiskaming). It was opposed by Dr. G. C. Fairfield (PC-Portage-Neepawa), Dr. Percy Vivian (PC-Durham), Dr. H. M. Horner (PC-Jasper-Edson) and Dr. Joseph Slogan (PC-Springfield).

The motion was supported, though variously qualified, by Mr. C. W. Carter (L-Burin-Burgeo), Dr. Charles Richard (PC-Kamouraska), Mr. Paul Martin (L-Essex East) and Mr. Murdo Martin (CCF-Timmins).

Mr. Murdo Martin, in speaking on the motion, complained of what he considered an unjust charge for prosthetic services. He stated that there were "some dentists who can and should bear looking into". Though he did not condemn the profession as a whole, he singled out and named one dentist in making a specific complaint.

Mr. Murdo Martin's charges were contested by Dr. O. H. Phillips (PC-Prince) who said that the CCF member had performed a "cowardly act" and had taken advantage of his parliamentary immunity in attacking a dentist whose side had not been heard.

The discussion ended without any action being taken on the motion.

2. Prince Edward Island

No new legislation has been passed during the past year. Nothing new is to be put through during the present year.

3. New Brunswick

No new legislation was adopted in the past year and no activity is planned in the legislative field.

4. **Nova Scotia**

No new legislation has been passed and no amendments to the Act since the last meeting of the Board of Governors held in Halifax in June 1959.

5. **Newfoundland**

No new legislation has been adopted during the past year and none is in the offing.

6. **Quebec**

An act amending some sections of the Quebec Dental Act was passed by the Quebec Legislative Assembly. The significant changes:

(a) The Board of Governors of the Dental College are now limited to the governors elected among members of the College and the representatives of the dental faculties.

(b) The College of Dental Surgeons is authorized to admit to the examination for licence any graduate of a recognized university, Canadian or not, and to grant him a licence subject to specified conditions.

7. **Ontario**

There were no amendments to the Dentistry Act of Ontario nor are any contemplated at the present time.

There were, however, two significant amendments to the by-laws of the Royal College of Dental Surgeons of Ontario. The first is the amendment of a by-law which formerly would permit graduates of dental schools of all British Commonwealth countries to apply directly for licensing examination in Ontario. In accord with the current view of the Council on Dental Education of the Canadian Dental Association this by-law has been restricted to include the United Kingdom, Australia and New Zealand.

The second major change is the amendment of a by-law which will now make it legally possible for a dentist to be employed by a licensed physician in Ontario such as in a medical centre or a medical clinic. Strict interpretation of the previously existing by-law excluded this possibility even though several examples of this relationship could be cited.

8. **Manitoba**

Seven amendments were made to the Dental Association Act. The most important ones:

(a) Authority is given to dental hygienists of the performance, under the direct control and supervision of a registered dentist, of the services of

LEGISLATION

- (i) cleaning and polishing teeth;
- (ii) giving of instructions and demonstrations in oral hygiene and mouth care;
- (iii) taking x-rays of the teeth and jaws;
- (iv) taking of impressions of the mouth from which artificial dentures can be made
- (v) determining and recording the relationship of one jaw to another; and
- (vi) repairing minor cracks in artificial dentures and replacement of broken or lost teeth in artificial dentures.

(b) The Act provides that the Board of Directors of the Manitoba Dental Association, subject to the approval of the Lieutenant Governor-in-Council may make provision for

- (i) the establishment, development and conduct of a dental clinic or dental clinics, staffed by registered dentists to provide dental care and treatment to persons resident in the province;
- (ii) the establishment of a management committee for any such clinic of six members, comprised of four representatives of the association and two persons appointed by the Minister of Health and Public Welfare, and prescribing the duties and powers of any such management committee
- (iii) the fees to be charged by any such clinic to the persons treated therein;
- (iv) the application of part of the funds of the association to assist in the establishment, development and conduct of any such clinic.

(c) Every registered dentist who instructs a dental technician or other person

- (i) to do, undertake or perform any work or thing; or
- (ii) to give service, advice or assistance to which clause (c1) of subsection (1) of section 34 relates;

shall at the time of giving the instructions furnish to the person so instructed a written prescription for the matters to which the instructions relate, signed by the person giving the instructions, and where necessary a design, impression, or cast with respect thereto.

Every person who

- (i) undertakes or performs any work or does anything; or
- (ii) gives any service, advice or assistance;

and for which a written prescription of a registered dentist must first be received, shall produce and display to a duly authorized agent of the

Manitoba Dental Association the written prescription signed by a registered dentist when required to do so by that authorized agent.

Two bills presented at the same time were defeated. One was submitted by the legal laboratory association and was complementary to our Act in many ways. The second was submitted by the illegal labs and of course asked for permission to deal directly with the public.

9. Alberta

The legislature passed "The Dental Auxiliaries Act" establishing a new group of dental auxiliaries to assist in the extension of dental services to children in outlying areas where dental services are not available normally.

The services which such auxiliaries will render are those ordinarily done by a dental hygienist, except for one added item. They may be permitted to insert plastic fillings in cavities previously prepared by a dentist and they must at all times operate only under the direct supervision of a dentist.

For the present, their services are confined to what are termed Health Units of which there are 22 in the province each under the directorship of a Medical Officer and nursing staff, with general administration by a Board appointed by the Health Unit which pays 40% of the cost of operations, with the Provincial Government paying the other 60%. These Health Units extend into nearly all the settled outlying areas of the province and in such districts the dental team will make use of travelling equipment, the pattern for which has been established in British Columbia for quite a few years.

Under the present arrangement, these auxiliaries may be trained in the dental school of the university here but it seems unlikely that such a course can be established for this fall because the new space now being built for the dental school will not be completed in time, so that, in all probability, the courses cannot be started until the fall of 1961. These auxiliaries will not be available for private practice until such time as the needs of the Health Units are satisfied. The Act establishes that either male or female may be accepted for this course but it appears unlikely that many males will apply.

10. Saskatchewan

The following amendments were made to the Dental Profession Act 1959:

(a) "Dentistry" is redefined. The controversial "certificate of oral health" provision has been deleted. A prescription clause has been added.

(b) The Law Amendments Committee has made it legal for persons registered under the Dental Technicians Act, 1960, to make minor repairs

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directly to the public. Authority was given the Council of the College to define "minor repairs" and the following definition has been made. "A minor repair is one that does not require the alteration of any human tooth or tissue, or the taking of an impression in the oral cavity to effect such repair".

The legislation committee of Council attempted to have an injunction clause and a 'right of search' clause added to the amendments but were unsuccessful.

No legislation is under consideration.

The legislature passed a Dental Technicians Bill 1960, which has the approval of Council. Assistance of the legal counsel for the College was offered and accepted by the technicians in the preparation of their bill. The inclusion of a member of the profession on the technician's board in an advisory capacity was not acceptable to officials of the department of health.

11. British Columbia

Regulations were sanctioned under the Dental Technicians Act (1958). These regulations are in eleven divisions, the most important of which are quoted herewith.

Division 3—Qualifications and Examinations

3.01 There shall be three classes of Dental Technicians as follows:

- (a) Registered Dental Technician (Senior Grade)
- (b) Registered Dental Technician (Junior Grade)
- (c) Registered Apprentice

3.02 A person is not qualified to be registered as a Dental Technician (Senior Grade) unless

(a) he has completed Grade XII in the schools of British Columbia, or its equivalent as determined by the Board, and has had eight years experience as an apprentice to a Dental Technician or as a Dental Technician, or

(b) he satisfies the Board, upon examination by the Board or its duly appointed representatives, that he has technical qualifications, experience and education sufficient, in the opinion of the Board, to justify his registration and licensing under the Act and this regulation as a Dental Technician, or

(c) he has registered as an apprentice, has completed high school graduation or the equivalent thereof, and has to the satisfaction of the Board

- (i) served for five years as a Registered Apprentice under the supervision of and in the employ of a Registered Dental Technician (Senior Grade), and has during that time received instruction and experience in those phases of the work of a Dental Technician prescribed in the curriculum prepared by the Board, and has taken such other basic training as the Board may prescribe, and
- (ii) passed the examinations prescribed by the Board, and
- (iii) after passing the examination, served for three additional years as a Registered Dental Technician (Junior Grade) under the supervision and in the employ of a Registered Dental Technician (Senior Grade).

3.03 A person is not qualified to be registered as a Dental Technicians (Junior Grade) unless

(a) he has completed Grade XII in the schools of British Columbia or its equivalent as determined by the Board and has had not less than five years experience as a Dental Technician or as an apprentice to a Dental Technician (Senior Grade) receiving instruction and experience in those phases of the work of a Dental Technician prescribed in the curriculum prepared by the Board, and

(b) he satisfies the Board, or its duly appointed representatives, that he has technical qualifications, experience and education sufficient, in the opinion of the Board, to justify his registration and licensing under the Act and this regulation as a Dental Technician (Junior Grade) or

(c) has passed the examinations prescribed by the Board

3.04 A person cannot be registered as an Apprentice to a Registered Dental Technician (Senior Grade) unless he has completed High School Graduation or the equivalent thereof as determined by the Board.

3.05 An applicant who does not qualify under 3.02 and 3.03 may be given a provisional licence entitling him or her to practise as a Dental Technician (Junior Grade) by the Board to be valid until such time as he or she is able to qualify as a Dental Technician (Junior Grade).

Division 6 — Discipline

6.02 A registered Dental Technician, Senior or Junior Grade, who makes, produces, reproduces, constructs, furnishes, supplies, alters or repairs any prosthetic denture, bridge, appliance or thing to be used in, upon or in connection with any human tooth, jaw or associated structure or tissue in the treatment of any condition thereof without the written and dated prescription signed by a member in good standing of the College of Dental Surgeons of British Columbia shall be guilty of misconduct.

6.03 Every written prescription shall be dated and shall be kept in the

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office or place of business of the Dental Technician for a period two years after the work therein prescribed or ordered has been completed and such prescriptions shall be numbered consecutively and shall be open to inspection by any Member of the Board or its duly appointed representative upon request.

6.04 No person shall provide any of the services designated in Section 6 of the Dental Technicians Act except upon the authority of a written prescription signed and dated by a member in good standing of the College of Dental Surgeons of British Columbia.

6.05 No person shall provide or assist in any technical way in providing any of the services designated in Section 6 of the Dental Technicians Act unless

(a) he is registered as a Dental Technician under this regulation, or

(b) he is registered as an Apprentice under this regulation and provides or assists in providing the services under the supervision and in the employ of a Registered Dental Technician (Senior Grade), or

(c) he is registered provisionally as provided in Section 3.05 and provides or assists in providing the services under the supervision and in the employ of a Registered Dental Technician (Senior Grade).

6.06 A Dental Technician, who, in the opinion of the Board, has acted in a manner which is considered to be detrimental to the general well-being of the craft of dental technology, shall be deemed to be guilty of misconduct and/or incompetence and shall be subject to such penalties as prescribed by the Board—including the cancellation of licence and registration.

Division 10 — Special Licences

10.01 The Board may, notwithstanding Sections 6.02, 6.04 and 7.01, of these regulations, license and permit a Dental Technician (Senior grade) to make, repair, reline, rebase, and furnish upper and/or lower dentures to any member of the public, if the Board is satisfied that the Dental Technician has a minimum of twelve years experience as a Dental Technician of which the last seven years shall have been spent in an establishment dealing with the public in British Columbia.

10.07 No Dental Technician shall be licensed under this Division after the 15th day of September 1960.

12. (a) The following is part of an editorial appearing in the B.C.D.A. News Bulletin of June 1960.

“Many of B.C.’s dental technicians, some 200 in number, are indispensable and valued adjuncts to the dental profession. A minority (variously stated as 50 to 75) have assumed the privilege of working directly

for patients in contravention of the Dentistry Act. This small group includes some who have failed to have work referred to them by dentists because of inefficiency. They have nonetheless been extremely vocal in demanding government recognition of their alleged right to practise dentistry."

(b) Comment on British Columbia legislation

Statement by Mr. J. G. McIntosh, President, Victoria Bar Association:

"In my view, a constantly increasing standard of training should be striven for in our universities, and those who are not willing to take that high degree of training should not be allowed to pass themselves off on the public as being just as good.

"Members of all professions must regard with alarm any course of events which leads to a weakening of high standards . . . It is regrettable that the public will no longer be protected by the provisions of the Dental Act".
(Governors Letter, July 8, 1960)

13. Your committee wishes to make clear that the following comments are not intended as a reflection upon any of the member provincial bodies or personnel. It fully appreciates the difficulties with which they have had to contend.

14. Comment on Manitoba legislation

If dental literature were examined for frequency of mention of specific dental problems, the problems of denture impressions and jaw relations would probably head the list. Yet these sections of prosthetic practice are being delegated to persons with less than a full dental degree.

15. General Comment

A health service is only as good as the people providing the service. Every effort should be made by all parties to raise rather than to lower our standards. Better morale among persons providing health services leads to better service, encourages recruitment and benefits the public.

16. A Procedural Comment

It is recommended that a review be made of the functions of the committee and that consideration be given to assigning its duties to Head-quarter's staff.

WHEREAS legislation relating to dentistry and associated health services is continuing to be possessed of great complexities, and

WHEREAS it is mandatory that the dental profession must be in a position to give leadership to the development of legislation which has regard for the welfare of both those who receive dental service and those who provide it, therefore be it

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RESOLVED that the Executive Council be empowered, at the earliest possible opportunity, to provide for the establishment of a Bureau of Legal Affairs or similarly named division of the Secretariat, and further, be it

RESOLVED that a Director possessing the necessary qualifications be engaged.

ADOPTED

Comment

These expressions on the part of this committee could be vague. We are not attempting to define, for instance, more action or carefully trained personnel or even better morale, we are simply raising the question—which will require much more intensive study. In referring to the welfare state, the committee intended neither approval nor disapproval. It merely notes the trend.

The general conclusions to which we have come coincide with some of the statements in the secretary's report. For example, in paragraph 7, Dr. Gullett says, and we quote "The future of Canadian dentistry depends greatly on success in achieving acceptable service plans for both the recipient of the services and the dentist rendering the services".

COMMENT AND ACTION

1-15. Information.

16. Noted.

We recommend the adoption of the report of the Legislation Committee with resolution.

APPROVED

TRUSTEES: *T. H. Graham, Chairman, Toronto, Ont.; W. G. McIntosh, Toronto; D. W. Gullett, Toronto.*

REPORT

1. The circulation of books and information from the library to dentists across the country continues to be most gratifying. Inquiries for informative subject matter receive immediate attention and probably no other activity of the association receives as many letters of commendation.

2. The library fills a great need as a ready indexed source of information for the day to day activity of the headquarters staff.

3. Physical accommodation for the library is rapidly becoming a problem which will necessitate serious attention in the near future.

4. Through library exchange sources and donations from individual dentists many early volumes have been received. As a result the early volumes of the more important publications are becoming completed.

COMMENT AND ACTION

1. Noted with interest.
2. Agreed.
3. We hope that the Committee on Headquarters Property is giving this matter deserved consideration.
4. Noted with interest.

We commend the Library Committee for their continuing interest in this very necessary work and recommend the adoption of the report on the Library.

APPROVED

MEMBERS: *H. A. Hunter, Chairman, Toronto, Ont.; E. R. Bilkey, Toronto; G. H. W. Lucas, Toronto; F. E. L. Priestly, Toronto; G. deMontigny, Montreal, P.Q.; J. W. Cole, Toronto.*

REPORT

1. Guiding Principles

In its deliberations on what should be its guiding principles, the committee recognized that the ideal is a dictionary of dental terms. However, such a dictionary, even in the English language, should aim at world-wide acceptance by English-speaking peoples. The compilation falls within the purview of some international body.

In the absence of a widely accepted dictionary of dental terms it was thought unwise to lay down fixed principles of terminology. Flexibility in applying the forces influencing scientific language is preferable to etymological purism and would lead to wider acceptance by the profession.

The coining of new words involves some responsibility if the language is to have a rational growth, the lack of which is frequently seen in examples of hastily coined words which turn out to be a form of syntactic bastardy.

The committee is pleased to offer its services to the editor of the Journal, to assist in editorial appraisal of terminology and mode of expression, but necessarily excluding technical context.

2. Correspondence

A letter was received from Dr. Gerard de Montigny suggesting that a subsection of the Committee on Nomenclature be formed for French-speaking members of the C.D.A. The committee is in favour of this proposal and makes the following recommendation.

3. Recommendation

That a sub-section of the Committee on Nomenclature be set up and be composed of three French-speaking members with one of them acting as sub-chairman. This sub-chairman to be a member of the committee-at-large and to serve as liaison officer between the committee and the sub-section.

The sub-chairman would prepare a report for the Annual Meeting and this report would deal with the work of the sub-section on matters pertaining to the French language.

COMMENT AND ACTION

1. Noted with interest.
2. Noted.
3. We agree and present the following resolution:

WHEREAS the C.D.A. is bilingual, and

WHEREAS there is need for a sub-section to deal on matters pertaining to the French language, therefore be it

RESOLVED that a sub-section of the Committee on Nomenclature be set up. This sub-section could be composed of three members, one of them acting as sub-chairman who would serve as liaison officer between the Committee and the sub-section.

ADOPTED

We recommend adoption of the report of the Nomenclature Committee.

APPROVED

OFFICERS: *G. Chesnay, President, Montreal, P.Q.; H. E. Simmons, Vancouver, B.C.; A. Antoni, Toronto, Ont.; J. Coupland Ottawa; J. McCarthy, Montreal.*

REPORT

1. The Society had two meetings where members of the Quebec section sponsored discussions on hospital dental services. Circular letters were sent to members during the year.
2. At the last annual meeting, the scientific session was very aptly presented by members of the society and well received. Thirteen applicants who met the requirements of the society were accepted as members.
3. Some members of the executive attended the annual session of the American Society of Oral Surgeons in New York as members or guests of that society. The ties between the Canadian and American societies should be strengthened. The American counterpart is very benevolent towards the Canadian society and will discuss closer ties at their 1960 meeting.
4. The next annual meeting will take place in Ottawa on September the 25th. Dr. Don Kerr will be the guest speaker and address a joint group of Oral Surgeons and Periodontologists. This year again the society has contributed to the expenses of the speaker. Some members of the society will also contribute to the scientific session.
5. The whole afternoon will be devoted to a business session with the intention of providing enough time to revise all the pending problems. There will be a presentation of a new committee on public relations.

COMMENT AND ACTION

1. Informative.
2. Increase in membership noted with satisfaction.
3. Agree that close liaison between the Canadian and American groups should be encouraged.
4. The contribution of the section to the success of the annual meeting is gratefully acknowledged.
5. Informative.

We recommend the adoption of the report of the Oral Surgery Section.

APPROVED

OFFICERS: *E. E. Johns, Chairman, Kingston, Ont.; J. J. Schachter, Saskatoon, Sask.; J. G. Ryan, Vancouver, B.C.*

REPORT

1. The last annual meeting of the Orthodontic Section was held on Sunday, May 3rd, 1959, at the Statler Hilton Hotel in Detroit, in conjunction with the annual convention of the American Association of Orthodontists.
2. Dr. Lepine acted as Chairman for Dr. Geoffrion's Grieve Lecture delivered during the CDA Convention in Halifax.
3. The Section now consists of 64 active members and 5 associate members. Three applications have been received and will be voted upon at the next meeting. Three orthodontists have retired from practice.
4. A complete membership list of the Section has been published in the C.D.A. Directory.
5. The Orthodontic Directory of the World is to add the letters O.S.C.D.A. after each member's name signifying membership in the Section.
6. The Grieve Memorial Lecture is being co-sponsored this year by the Canadian Society of Dentistry for Children. It will be delivered in Ottawa on September 26th, at the 1960 convention of the C.D.A. by Dr. J. A. Salzmann of New York. Dr. Salzmann is a noted American orthodontist. He is Vice President of the American Board of Orthodontics and is the author of several orthodontic books.
7. The Health Insurance Committee of the Orthodontic Section has been working hard during the past year. They have met three times with the C.D.A. Health Insurance Studies Committee under the chairmanship of Dr. Leuty.

COMMENT AND ACTION

1. Noted.
2. Informative.
3. Noted.
4. Worthwhile and commendable undertaking.
5. Noted.
6. Evidences good liaison and cooperation between the Orthodontic Section and Society of Dentistry for Children. Commendable. We congratulate the Section on their choice of speaker.
7. Noted and progress report appreciated.

We recommend the adoption of the report of the Orthodontic Section.

APPROVED

EXECUTIVE: *Chas. H. M. Williams, President, Toronto, Ont.; D. S. Moore, Hamilton; J. E. Speck, Toronto; W. G. McIntosh, Toronto.*

REPORT

1. General Activities

The activities of the Canadian Academy of Periodontology have been devoted to development of a program which will increase the membership throughout Canada to representative proportions. It is hoped to attract to membership general practitioners as well as specialists.

The newly appointed heads of the Departments of Periodontics at the Universities of Manitoba and Dalhousie are being welcomed to membership. Additional applications for membership are to be considered during the Business Meeting of the Academy on September 25, 1960.

2. Scientific Sessions

The Canadian Academy of Periodontology is sharing equally with the Canadian Society of Oral Surgeons, the expenses involved in having Dr. D. Kerr of Ann Arbor, Michigan speak before the combined groups at 9:30 a.m. on September 25. These same two sections are contributing to Dr. Kerr's appearance before the general sessions of the C.D.A. Convention.

Two members of the Canadian Academy of Periodontology will present papers before the Academy at 2:00 p.m. and 3:00 p.m. on September 25. Members of the Canadian Dental Association will be welcome to attend these scientific sessions.

3. Officers

The election of officers will take place during the Annual Meeting of the Academy in Ottawa on September 25, 1960.

COMMENT AND ACTION

1. Noted with interest in consideration of the existing policy of this Association regarding the specialties.
2. Noted. We express our appreciation for this generous gesture.
3. Informative.

We recommend the adoption of the report of the Periodontology Section.

APPROVED

MEMBERS: *J. G. Chalmers, Chairman, Toronto, Ontario; H. R. Skilling, Toronto; C. A. McLean, Toronto; R. R. Butler, Toronto; D. R. Anderson, Toronto; J. C. Fullerton, Toronto; E. Rollaston, Toronto; R. D. Leuty, Toronto.*

REPORT

1. (a) The Public Relations Committee held meetings at the Canadian Dental Association Headquarters.

(b) The committee endeavoured to carry out a program which would encourage the dentists of Canada to meet their responsibilities to the public, to their several communities, and by so doing be an example which could be instrumental in encouraging young men and young women to consider dentistry as a career.

(c) To promote these objectives the committee has:

- (i) Reviewed, approved and mailed the printed booklet, 'A Guide to Professional Relations with the Public', which was prepared the previous year.
- (ii) Appointed, a fact-finding sub-committee of three people to study present recruitment efforts and to recommend future efforts.
- (iii) Approved insertion of a page about dentistry as a career in the "Careers Annual" issue of the Canadian High News.
- (iv) Encouraged municipalities which have not already established an emergency care plan to organize same.
- (v) Appointed a sub-committee to consider ways and means of acquainting the profession with the work being done by the C.D.A.
- (vi) Considered a request to publish a pamphlet on radiation.
- (vii) Recommended to the Executive Committee that they consider favourably the production of T.V. filmlets by Crawley Films Ltd.
- (viii) Viewed a sound and colour film 'Putting it Straight' produced by the National Film Board for the Department of National Health and Welfare in consultation with the C.D.A. Orthodontic Section and also discussed the films available through the C.D.A. Library.

2. We should now like to deal in detail with the action taken by the committee on the foregoing transactions:

(a) The booklet "A Guide to Professional Relations with the Public" was mailed in September 1959 to all members.

PUBLIC RELATIONS

(b) Recruitment.

- (i) The fact finding sub-committee appointed to deal with recruitment was D. R. Anderson, Chairman; J. C. Fullerton, R. D. Leuty.
- (ii) The sub-committee agreed that there are many ways which may be used to promote this endeavour but they felt that first the individual dentist should be stimulated to encourage suitable young men and women with whom they are in contact daily to consider dentistry as a career.
- (iii) To this end, the committee sent a letter to the profession to stimulate interest in recruitment efforts.
- (iv) This was followed by distribution of a new pamphlet, "Dentistry—Career Opportunities Unlimited", to be displayed in reception rooms and given to teenage patients. It is encouraging to note that more than 10,000 copies of this pamphlet were ordered within a month after distribution.
- (v) The committee realize, of course, that this is only a beginning toward solving the vast recruitment problem.

(c) Page in 'Careers Annual' in Canadian High News.

- (i) This page about dentistry as a career has been carried for three years and has proven beneficial.
- (ii) In the page is a coupon which the reader may remove and send for further information.
- (iii) An increased number of requests for information were received this year.
- (iv) The names of the students were forwarded to the Secretary of each corporate member with a suggestion to arrange a follow up of the request with a personal contact when possible.

(d) Emergency Care

The committee feel that an emergency care plan in larger metropolitan centres is essential to good public relations, and we have endeavoured to encourage areas where such a plan is not in force to consider the organization of same and we have offered our assistance if requested.

(e) Functions of the C.D.A.

- (i) The committee felt that this is an opportune time to acquaint the membership with some of the functions of the C.D.A.
- (ii) To this end a sub-committee was appointed, namely, C. A. McLean, Chairman; R. R. Butler, H. R. Skilling, to consider ways and means.

- (iii) The sub-committee reported that material would be prepared for distribution to the membership.

(f) Radiation Pamphlet.

- (i) The committee were approached to consider the publication of a pamphlet directed toward the general public, about radiation.
- (ii) This matter was directed to the C.D.A. Research Committee after which the following motion was carried by the Public Relations Committee:

That dentists be urged to follow the advice of the C.D.A. Research Committee, as published, and that no further statement on radiation be made until the C.D.A. Research Committee authorizes it.

(g) T.V. Filmlets.

- (i) Crawley Films Limited, large producers of films, visited C.D.A. office and later made a written presentation for discussion by this committee.
- (ii) At a later meeting a representative from Crawley Films met the committee.
- (iii) The committee viewed the short filmlets, many of which had been prepared for the Canadian Medical Association, and were favourably impressed.
- (iv) The committee recommended to the Executive Committee that they consider this project.
- (v) The Executive Committee agreed that this project should undertaken.
- (vi) Crawley Films Limited has submitted first drafts of three, sixty-second scripts for television filmlets.
- (vii) It is anticipated that the three sixty-second filmlets will be available for distribution to all Canadian T.V. stations in the fall of this year.

(h) Film Review

- (i) The committee having viewed the sound and colour Orthodontic film 'Putting it Straight' sent a letter of congratulations to the Dental Consultant of the Department of National Health and Welfare.
- (ii) The committee also recommended that a copy be purchased for the C.D.A. library.
- (iii) The material of the C.D.A. film library was discussed, reviewed and found satisfactory.

PUBLIC RELATIONS

(i) News Clippings.

7,000 clippings have been received in the past year (June to June) keeping up the average of over 500 per month.

(j) Budget.

- (i) During the current year committee expenses were a little less than the \$1,000.00 budget allotment.
- (ii) Committee expenditures in round figures were as follows: Production and mailing costs of "A Guide to Professional Relations with the Public", \$550.00; a recruitment form letter to the profession, \$175.00; the new "Dentistry—Career Opportunities Unlimited", \$235.00; and one dinner meeting, \$20.00; total: \$980.00.
- (iii) The committee respectfully request that \$1,000.00 be budgeted for their use, if required, for the ensuing term.

COMMENT AND ACTION

1. Information.

2. (a) Information.

(b) (c) These efforts are to be commended. Results are already being felt by way of increased numbers of applications for dentistry, and also the hygienists course. It is agreed (b) (ii) should be stressed.

It is recommended that the use of student loans and bursaries be studied and their availability widely publicized.

It is recommended that the existing pamphlet on hygienists be reviewed.

It is recommended that recruitment material be made available by the C.D.A. for distribution to the provincial departments of education through the corporate members.

(d) We recommend that it be increased and publicized.

(e) To be encouraged.

(f) We present the following resolution.

WHEREAS there have been many requests from practising members of the profession for a pamphlet enunciating the values of the use of x-rays in dentistry, and

WHEREAS the present statement of the Association relative to radiation is not suitable for public use, therefore be it

PUBLIC RELATIONS

RESOLVED that the Public Relations Committee again be requested to consider the development of a pamphlet to enunciate the values of the judicious employment of x-rays in dental practice.

ADOPTED

(g) Information and agreed.

(h) (i) Information.

(j) Agreed.

We move the adoption of the report of the Committee on Public Relations with recommendations.

APPROVED

MEMBERS: *Frank Martin, Chairman, Toronto, Ont.; Arthur Poag, Hamilton; Mark G. Boyes, Toronto; J. D. Purves, Toronto; Armand Fortier, Montreal, P.Q.; J. E. Tilson, Toronto.*

REPORT

The Committee on Publications wishes to report as follows:

1. The action of the Board of Governors on the 1959 report of this committee was reviewed. Three principal items were discussed.

(a) In memoriam notices—This section of the Journal was reviewed and the decision was to seek no specific change in procedure at this time. Printed forms were sent out by the Editor to the provincial editors to report on deceased members so as to provide a uniform record.

(b) Additional space, French section—For economic reasons (chiefly the increase in printing rates) it was decided that any increase in the number of pages allotted to the French section would not be feasible with our present budget.

(c) Writing for scientific literature—The discussion is best summed up by the following motion.

That, in view of the obvious need for training in the preparation of scientific articles, dental students be instructed in the matter of preparation and presentation of scientific articles and papers, and

That this instruction should precede any presentation for seminars, essays, theses and all other written requirements of the undergraduate and

That all dental teachers should be qualified to present this information and that a copy of this motion be forwarded to the Council on Dental Education.

The reply from the Council is as follows:

That the motion of the Committee on Publications be received and referred to the deans of the dental schools. The Council has considered this motion and records its complete agreement with the objective expressed in the motion.

2. Never at any time have so many complimentary comments reached the members of this committee about the Journal and its Editors. In December your committee arranged for Dr. de Montigny to visit Toronto for a day and discuss problems confronting both Editors. The Editors report that there is now, as a result of this meeting, much greater uniformity of the French and English sections. During the day Dr. de Montigny had the opportunity to meet our publisher Mr. Gordon Allen and was conducted through the Maclean-Hunter printing plant and viewed the various phases through which our Journal passes.

Very shortly after this very happy state of affairs, in February to be exact, Dr. Bilkey's letter of resignation was received. The committee was alerted to this news and many discussions were held. Dr. Bilkey found it increasingly difficult to run a practice half time and also give half time to the Journal and consequently discovered it was sapping his health.

3. (a) Your Committee now realized that a full time appointment is imperative for the editorship. There is a continual request for more space for text, editorials, reports of imminent interest to all dentists on economics, statistics, scientific papers etc. The Journal will definitely in the near future have to be enlarged. It was with these thoughts in mind that this committee recommended to your Executive Committee that a full time appointment be authorized.

(b) Following the authorization of the Executive Committee an announcement was placed in the May issue of the Journal inviting applicants to apply for the position of Editor.

A number of names were received and considered. After due deliberation Dr. F. H. Compton, presently Director of Dental Health, City of Toronto was selected. Dr. Compton accepted the position and will begin the duties of Editor on October 1st next. The committee wishes to express to Dr. Bilkey our sincere regret that he found it necessary to resign and wish to thank him most sincerely for the contributions he has made to the Journal.

4. Dr. Gerard de Montigny through his untiring efforts has provided excellent material for the French section. We hope in the near future to accede to his need for additional pages.

5. The committee wishes to commend Mr. Gordon Allen our publisher for his continued interest in the Journal. He is ever on the alert to see that the Journal is kept up to a high standard with the least possible expense to the association. We take this opportunity to express our appreciation to him.

6. Mainly as a result of increased advertising rates and the good work of our publishing agent, the gross revenue in advertising for the first six months of 1960 is 20% in advance of the same period for 1959. A sizeable deficit was predicted for the operation of the Journal during 1960 at the last Annual Meeting and it is probable that the deficit will be substantially reduced. Estimated revenue for 1961 is predicted on a 20% increase over that of 1959. This result will depend largely on sustained or improved business conditions without curtailment of advertising contracts. Under expenditures, commission items automatically increase with gross advertising revenue. However, the decision to employ a full-time editor causes the largest increase in expenditures. The need for increased Journal activities and the continuing increase in publishing costs indicate that further Association support will be required in the near future.

PUBLICATIONS

7. Your committee regretfully reports the resignation of Dr. Arthur R. Poag from this committee. We take this opportunity to thank Dr. Poag for his interest and contribution to the work of the Journal over quite a number of years.

8. It does not take much imagination on the part of anyone to realize as has been pointed out earlier in this report that an enlarged concept of our Journal is imperative. We have our Annual Meeting of the Association which of course is very necessary but only very few attend the proceedings. Our Journal is the only medium which reaches all the dentists of Canada monthly. It should be and I hope will be the life blood of our association with vital information emanating from our head office with reports of all committees, information regarding the status of dentistry, possible changes in legislation of the various provinces and many other items of information for the general practitioner. This again emphasizes the necessity for a full time appointment, when the editor will have time to become familiar with the deliberations of all committees. This will also indicate the need for an enlarged Journal and consequently a significantly enlarged budget. Briefly it is with these thoughts in mind that your committee has the courage to submit the budget for 1961, appendix A.

Appendix A

1961 BUDGET

Revenue

Advertising	\$ 56,200.00
C.D.A. grant	15,000.00
Subscriptions	1,000.00
	<u> </u>
	\$ 72,200.00

Expenditure

Salaries	\$ 14,800.00
Allowances	1,900.00
Editor's office expense	1,700.00
Committee expense	100.00
Publishing the Journal	34,500.00
Publisher's commission	12,000.00
Agency commission	7,500.00
Cuts & postage	3,000.00
Office & general expense	1,000.00
Depreciation on furn. & fix.	
	<u> </u>
	\$ 76,500.00

Deficit	\$ 4,300.00
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AUDITORS' REPORT

We have examined the accounts of the Committee on Publications of the Canadian Dental Association for the year ended December 31, 1959 and report that, in our opinion, the accompanying balance sheet and related statement of revenue and expenditure present fairly the financial position of the Committee as at December 31, 1959 and its financial transactions for the year ended on that date, according to the best of our information and the explanations given us and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

BALANCE SHEET

December 31, 1959

— ASSETS —

Current Assets

Cash	\$ 11,089.64	
Prepaid expense	807.22	11,896.86

Fixed assets:

Office furniture and fixtures	1,247.02	
Less Accumulated depreciation	1,077.37	169.65
		<u>\$ 12,066.51</u>

— LIABILITIES —

Surplus:

Surplus, December 31, 1958	13,202.62	
Deficit for year 1959	1,136.11	12,066.51
		<u>\$ 12,066.51</u>

STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1959

— REVENUE —

Advertising	\$46,154.15
Canadian Dental Association grant	15,000.00
Subscriptions	1,057.97
Donation	15.15
	<u>\$62,227.27</u>

PUBLICATIONS

— EXPENDITURE —

Honoraria to editors	\$ 8,700.00
Expense allowances	1,916.35
Editor's office expenses	1,544.01
Publishing the Journal	30,590.69
Commission, publishers	10,061.76
Agency commission	5,907.14
Cuts and postage	3,725.95
Depreciation on office furniture and fixtures	95.90
Office and general expense	813.58
Committee meeting expenses	8.00
	63,363.38
Deficit for the year	1,136.11
	\$62,227.27

REPORT OF EDITOR

1. This year's report of the Editor brings promising news of progress and achievement. Although the varied problems that have harassed previous editors for years still remain robust, their resolution is imminent. After many months of frustration and grave consideration, it was your present Editor's unhappy but irrevocable conclusion that the very necessary improvements in the Journal lay beyond his reach on a half-time basis. In the privacy of my own mind the prospects of assuming editorship on a full-time basis were not as desirable as those of full-time practice, although it was a close decision. Perforce, it became your Editor's unenviable lot to stand aside as quickly as possible to permit someone to assume his duties upon a full-time basis.
2. The social and economic upheavals of the last decade that have troubled our profession have exceeded most unbridled imaginations. The Canadian Dental Association, in a ceaseless effort to provide capable assistance and meet the increasing needs of Canadian dentistry, has responded by greatly expanding its services. A full-time Editor can bring a clear picture of these services and changes to his Association members in an integrated and comprehensive manner heretofore impossible to achieve on a part-time basis.
3. The actual attainment of an active editorial board competent to evaluate critically each issue of the Journal would assist the editors in realizing consistently high standards. Added time will enable the fulfillment of this desire as well.

4. In the fruitful quest of scientific manuscripts acceptable for publication the Editor must meet and know his contributors. The prolific and consistently dependable sources of such manuscripts are the teaching institutions. An opportunity of visiting the dental schools in Canada would automatically solve the problems of an adequate supply of material and balanced Journal content. On a full-time basis this would be possible and desirable.

5. Your Editors spent a day together this year discussing Journal concerns, visiting the printing plant and generally achieving great mutual satisfaction. I'm sure that Dr. de Montigny supports my enthusiasm that this will be at least a regular annual occurrence.

6. Lately, there has been marked improvement in the co-operation of the provincial associate editors in providing responsible coverage of corporate news. This increased activity has assured a far more uniform degree of provincial participation. In particular I would like to welcome Dr. D. C. Deedrick to the post of associate editor for Alberta, replacing Dr. C. Spencer Lea who recently retired after serving our Journal well.

7. In this my last report as Editor I wish most sincerely to thank my associates and my association for their assistance and kindness during my term of office. I shall not attempt to thank specific individuals for there are too many, each one contributing measureably to my enjoyment and respect for our national body. I regret very much the necessity of leaving this post and hope most genuinely for an opportunity of serving my Association in some other capacity in the future. During my term of office I have done my best for the Journal of the CDA.

8. The new Editor, Dr. Frank Compton, is assuming a privileged position fully aware of his responsibilities and capable of discharging them. His integrity and intelligence will enable the Journal of the Canadian Dental Association to fulfill its obligations to the Association and to dental journalism.

REPORT OF FRENCH EDITOR

1. The editor of the French section of the Journal of the Canadian Dental Association is happy to report that, since the last meeting of the Board of Governors, the French section, in general, has enjoyed fair weather and that the few showers that it has experienced were somewhat welcomed, because they were profitable to the blooming of French-written dental literature.

PUBLICATIONS

2. Contribution to the section

As in the past years, the French section had excellent material in a volume that was sufficient for its content; the difficulty rests in the finding of articles that have more variety. Trends seem to exist for certain subjects and authors from which the Journal gets manuscripts are not sufficiently diversified. This situation is a real handicap for a journal that is published for the general practitioner. Specialists and research men have a tendency to publish their papers in specialized journals. These members should be advised, through the Sections of the CDA and Research Committee, that they have certain responsibilities towards the general membership regarding their achievements in their respective fields.

3. Associate editors

The editor suggests the appointment of three associate editors in the largest cities of the Province of Quebec outside Montreal. These cities—namely three, Quebec, Sherbrooke and Three Rivers—have active local dental societies where papers are presented periodically. These dental societies have formed a few years ago, jointly with the French-speaking society of Montreal, the Dental Association of the Province of Quebec. This Association holds each year a convention by turns in one or the other city.

The purposes of these appointments would be:

- (a) submission of articles to the Journal
- (b) establishment of a policy for the section of the Journal that would represent the thoughts of the whole French-speaking dental profession.

4. Co-operation with Editor of the English Section

Your French editor had the opportunity, during the past year, to spend a whole day at the headquarters of the Association with the Editor to iron out certain problems regarding the uniformity of the Journal. These personal contacts and these exchanges of ideas are most profitable to all concerned and they should be repeated periodically.

5. Meeting of the American Association of Dental Editors

The editor had the good fortune to attend the International Conference on Dental Journalism and Documentation sponsored by the American Association of Dental Editors, in New York City, last September.

This meeting furnished a splendid opportunity to meet men and women who face common problems and to discuss the many matters pertinent to the publication of a dental journal.

Dental journalism scope, opportunities and responsibilities were ably presented from editorial to index, from abstracting to translating. The

multiplicity of publications, the confusion of tongues, the variety of potential readers, from the general practitioners to research workers were but a few of the problems discussed in an attempt to improve dental communications.

The conference vividly demonstrated that the production of good dental literature, while commendable, was not enough. As professor Miles, of London, so aptly observed: "Advancement of the sum total of human knowledge depends upon the transmission of information and ideas". The material, as stated in paragraph 2, must be made readily available.

6. Mark of esteem to Dr. Bilkey

Before closing this report, the editor wishes to pay to Dr. E. R. Bilkey a tribute of gratitude for the devotion and the understanding that has gratified the cause of the Journal. My association with him, during too short a time, leaves good memories that are unforgettable.

7. The editor wishes to thank the chairman and members of the Committee on Publications, the Business Manager, the deputy secretary and all those who contributed directly and indirectly to the production of the Journal.

COMMENT AND ACTION

1. (a) (b) Approved.
(c) We commend the Council on Dental Education for their action.
2. (a) We approve the periodic meetings of the editors.
(b) Noted with regret.
3. (a) We realize the necessity to expand the activities of the Editor and congratulate the Committee on Publications on recommending the appointment of a full-time editor.
(b) We concur.
4. We concur and suggest that in the meantime consideration might be given to having bilingual summaries of the more important articles and editorials.
5. We agree and recommend that a letter of appreciation be sent to Mr. Allen from the secretary of the C.D.A.
6. Noted.
7. We add our thanks and recommend that the C.D.A. secretary send a letter of appreciation to Dr. Poag for his long-term service.
8. Information.

PUBLICATIONS

EDITOR

1. Noted with regret.
2. Agreed.
3. Noted with interest.
4. We approve in principle.
5. We concur.
6. Noted. We recommend that the C.D.A. secretary send a letter of appreciation to Dr. Lea for services rendered.
7. Noted.
8. Noted.

We extend our grateful thanks to Dr. Bilkey for his enthusiastic and progressive editorship of the C.D.A. Journal under very trying circumstances. The calibre of his editorials, and his devotion to the Journal, merit our highest praise.

We tender to Dr. Compton a hearty welcome and our very best wishes in his new post as editor of the C.D.A. Journal.

FRENCH EDITOR

1. Noted.
2. Noted with interest.
3. We recognize the need and agree with the recommendation of additional associate editors on the approval of the corporate body.
4. Agreed.
5. Noted with interest.
6. We approve.
7. Agreed.

We thank Dr. de Montigny for his report and express the hope that in fair weather, or welcome showers, the French-written dental literature will continue to bloom.

We recommend the adoption of the reports of the Committee on Publications.

APPROVED

MEMBERS: *K. J. Paynter, Chairman, Toronto, Ontario; J. E. Anderson, Toronto; H. K. Brown, Ottawa; C. R. Castaldi, Edmonton, Alberta; A. E. Chegwin, Regina, Saskatchewan; L. E. Francis, Montreal, Quebec; E. P. Harvold, Toronto; A. F. Howatson, Toronto; A. M. Hunt, Toronto; E. M. Madlener, Toronto; W. G. McIntosh, Toronto; J. D. Purves, Toronto; R. L. de C. H. Saunders, Halifax, Nova Scotia; R. Slater, Toronto.*

REPORT

1. Personnel

(a) Dr. M. C. Johnston of Toronto resigned from the committee this year. He is now enrolled as a student at the University of Rochester in studies leading to the Ph.D. degree. Dr. E. P. Harvold, Professor and Head of the Department of Orthodontics, Faculty of Dentistry, University of Toronto, was asked to replace Dr. Johnston for the balance of his term.

(b) Drs. Paynter, Brown, Castaldi, Madlener, McIntosh, and Saunders will retire from the committee this year, their terms of office having ended.

2. Survey of Dental Research in Canada

In 1954 the committee conducted a survey of dental research in the dental schools in Canada, the results of which were presented to the Board of Governors at their meeting in May 1955. In 1959 a follow-up survey was conducted to gather data relating to changes which had occurred in dental research during the five-year period, and an interim report of the survey was presented to the Board in 1959 (Trans. C.D.A. 1959, page 183). The final report is attached as Appendix A.

3. Canadian Dental Research Foundation

(a) The financial report of the Foundation is attached as Appendix B.

(b) A special meeting of the Board of Directors was held in June, 1960, to consider ways and means of raising funds to increase the capital of the Foundation, and initial steps are being taken to bring this about.

4. Stannous Fluoride Dentifrice

(a) A commercial firm that planned a marketing campaign to determine whether a stannous fluoride-containing dentifrice could be marketed successfully using only "ethical" advertising, approached the committee for criticism concerning the professional acceptability of their proposed advertising material.

(b) Because indications were that the dentifrice as manufactured and marketed in the United States might have value in preventing dental

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caries, and because the A.D.A. Council on Dental Therapeutics had indicated considerable interest in the proposed sales campaign, a sub-committee was appointed to act as a liaison between the company and the Research Committee. The sub-committee was to scrutinize such marketing materials as might be presented to it by the company and report back to the committee from time to time.

5. Radiation Hazards

(a) Evidence was reviewed to determine whether the recommendation that a long cone be used on dental X-ray machines should be added to the other safety precautions recommended in the "Statement on Radiation Hazards Resulting from the use of Dental X-ray Machines" prepared by the committee in 1958 (C.D.A. Transactions, 1958). A sub-committee consisting of Dr. H. G. Poyton, Head of the Department of Radiology, Faculty of Dentistry, University of Toronto, and Dr. A. M. Hunt, Head of the Isotope Laboratory, Division of Dental Research, Faculty of Dentistry, University of Toronto, was appointed to prepare and submit recommendations to the committee concerning this matter.

(b) On the basis of published reports and with the assistance of Dr. W. R. Bruce, a Physicist at the Ontario Cancer Institute, Toronto, the sub-committee concluded that present experimental evidence does not support the idea that the use of a long cone in dental x-ray machines is effective in reducing radiation exposure of patients, and that the advantages of the long cone seemed to be confined to slight improvement in definition of the object on the film—an improvement which might be offset by the increased exposure time which is necessary when using the long cone.

6. Studentships

(a) The committee received twelve applications for studentships totalling \$11,220.00.

(b) Nine grants were made for a total of \$8,075.00—one to a dental graduate, one for travel, and seven to undergraduate students for support while working in research laboratories during the summer months. Details are attached as Appendix C.

(c) Because of the desire to distribute available funds as widely as possible, it was necessary to reduce the amount of the monthly stipend to the undergraduate students by \$15.00 per month when compared with the amount granted last year.

7. Fluoridation

(a) Because of the need to continue to encourage municipalities to fluoridate their water supplies as a means of partially preventing dental caries, it is recommended that the statement of policy of the Canadian

Dental Association in regard to fluoridation be reiterated at this time. A copy of the statement is attached as Appendix D.

(b) Requests have been received by the committee for information in respect to an apparatus marketed in Canada which, it is claimed, may be used to fluoridate a home water supply. Attempts have recently been made to sell to the dental profession stock in the company that manufactures the appliance. Because no clinical tests to evaluate the apparatus have ever been reported, the committee was unable to make a statement as to its use in preventing dental caries. The question of whether or not dentists should invest in such a venture was referred to the Ethics Committee for consideration.

8. Specifications for Dental Materials

A sub-committee of the Commission on Research of the Federation Dentaire International has been appointed to draft specifications for dental materials. It is recommended that the Association recognize the standards for dental materials as set down by the F.D.I.

9. Budget

(a) Because of the increasing demand for funds for studentships the committee requested a budget allocation for the year 1961 of \$10,000.00.

(b) The committee is gratified to learn that the Executive Committee were most sympathetic with the need for funds and have recommended that the sum of \$9,000.00 be placed in the 1961 budget for the use of the Research Committee—an increase of \$1,500 over the 1960 allocation.

Appendix A

DENTAL RESEARCH IN CANADA 1959

A Follow-up Survey of Dental Research in Canada, Conducted by the Research Committee of the Canadian Dental Association

In 1954 the Research Committee of the Canadian Dental Association conducted a survey of dental research activities within the dental schools in Canada. The results of that survey were presented to the Board of Governors at their meeting in May, 1955 (Transactions of the C.D.A. 1955, pages 146, 152-155). Five years having elapsed since the original survey was made the Committee felt that a follow-up survey should be conducted to gather data indicating the expansion of dental research activities in Canada over that period of time, and to provide further useful information in planning future activities.

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At the time of the original survey only the dental schools were asked to supply information. This time, in addition to the schools, questionnaires were sent to Dental Directors of Provincial Departments of Health, the Department of National Health and Welfare, National Defence Headquarters, and Dental Directors in City Health Departments. It was felt that the broader distribution of the questionnaire would provide a more complete picture of the present state of dental research in Canada.

Replies to the questionnaires were received from all of the dental schools except Manitoba (data concerning this school is contained separately in Section II below), and from the Dental Directors of the Province of Prince Edward Island, Nova Scotia, New Brunswick, Saskatchewan and British Columbia, from the Directors of Dental Services for the Cities of Toronto, Winnipeg and Vancouver, as well as from the Royal Canadian Dental Corps (see Section IV).

Results

I. Dental Schools (Except Manitoba)

The details of the 1959 survey are presented in Tables I-VI. To permit comparison, the figures from the 1954 survey are listed in the same table.

In general, the 1959 figures indicate a very dramatic and exciting change in both the quantity and type of dental research in Canada. Five years ago there was no research at all being conducted by the dental staff in three of the five dental schools in operation at that time; now however, all schools, including the newest, have active research programmes underway, being directed by dental personnel. The amount of space available for research activities within the schools has increased tremendously, an increase undoubtedly related to the expansion in teaching facilities which has occurred over the last five years.

Comments related to each item on which data have been gathered in the survey are presented below, together with certain conclusions which may be inferred from the data.

A. *Professional Personnel* The figures (Table I) do not indicate much change in the total number of professional personnel in dental schools engaged in research activities over the past five years. However the type of research personnel has changed, and this is of particular significance.

The number of people engaged in dental research who hold only the D.D.S. degree has decreased from an estimated ten in 1954 (33% of the total) to three at present (11% of the total). This decrease probably indicates a corresponding reduction in "short term" research projects such as have been conducted in the past by practicing dentists working on a part-time basis in research laboratories. At the same time the number of per-

sonnel engaged in dental research who hold both a dental and a basic science degree has increased from eleven (37% of the total) to twenty-one (75% of the total) over the past five years. The importance of this increase should not be overlooked, indicating as it does, that efforts to encourage young dental graduates to acquire basic science training with a view to becoming research workers and teachers have paid off handsomely. Furthermore, the fact that nearly twice as many people with special research training are now engaged in dental research as there were five years ago probably indicates a change in the type of research being conducted in the schools. Generally speaking dentists with additional graduate degree training, who are making a career of research and teaching, engage in long-term, basic investigations which, in the long run, pay much higher dividends than do the short-term projects.

The number of non-dental research workers in universities (who hold graduate degrees only) working on projects which might be considered dental research has decreased from nine to four. These figures are among the least accurate of those collected because of the difficulty of collecting such data, and probably are below the actual number. Many University departments are engaged in research projects which, while they may be classed as non-dental, may well turn out to be highly significant to dentistry. The principles of biology apply to dental tissues as well as to any other.

B. Technical Personnel The actual number of technical personnel employed on research projects in dental schools has not increased over the last five years, although the number of "technical man-hours" has almost tripled (Table II). The amount of the research technician's time spent in research activities has increased from approximately thirty-three percent five years ago to almost one hundred per cent to-day, another indication of the quantitative expansion in research which has occurred.

C. Graduate and Postgraduate Students Most of the responsibility for training graduate students in the dental schools in Canada is still being carried by one school (Table III). However, recognizing that graduate instruction can only be adequately done where research is also being done, it is hoped that as the newer research programmes continue to grow and mature, other schools will ultimately assume their responsibility for advanced training programs.

D. Facilities It is most gratifying to see that the space available for research activities in the Canadian dental schools has increased by a factor of approximately eight in the past five years (Table IV). The laboratories so provided are, in almost all instances, considered to be adequately equipped. It is also gratifying to note that all dental schools continue to enjoy a happy and constructive relationship with basic science departments in other university faculties. Almost every survey reply indicated the willingness of these departments to share space and facilities with dental personnel interested in conducting research.

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E. *Salaries* Five years ago it was indicated in the survey that a substantial amount of the salaries paid to professional personnel engaged in research in dental schools was provided by grants-in-aid. To-day virtually all professional salaries are being paid by the universities, a very practical demonstration of the willingness of the teaching institutions to assume their responsibility for supporting dental research.

Technical salaries, as might be expected, continue to be paid to a large extent, through grants-in-aid, available to all schools.

F. *Annual Budget* Because of the financial arrangements within the universities it has not been possible to estimate what proportion of the annual dental school expenditure is allocated for the purpose of supporting research. However, the increase in space which has been provided in the schools and the increase in numbers of professional personnel being paid by the schools is indicative of the fact that this item has also increased considerably over the last five years.

Some indication of the amount of money being spent annually for dental research in Canada may be gained from a look at the figures published by the National Research Council of Canada, and the Canadian Dental Association (Table V). In 1954 the N.R.C. Associate Committee on Dental Research allocated \$23,645 for Grants-in-Aid, as direct support for research. In 1959 the corresponding figure was \$53,800, i.e. more than twice the amount.

Funds allocated by both the National Research Council and the Canadian Dental Association to support dentists while acquiring research training, which may be considered indirect research support, totalled \$10,108.00 in 1954, and \$30,107.00 in 1959. Of this latter figure nearly \$10,000 went to support undergraduate dental students working in research laboratories during the summer months.

G. *Publications* The number of publications of a research nature produced by an institution are simply another crude measure of the quantity of the research being conducted in that institution. Thus the Canadian dental school which has the largest programme of research has produced the most scientific publications. The number from one of the other schools has very markedly increased, and more may be expected from others as their programmes expand.

II. The University of Manitoba

No figures are immediately available indicating the amount of research presently being conducted at the University of Manitoba Faculty of Dentistry. This school is still in the process of being constructed. Nevertheless some significant information has been provided in a report by Dean Neilson to the Associate Committee on Dental Research of the National

Council in March, 1959. Dean Neilson indicated that twelve or thirteen full-time clinical personnel and seven full-time basic science personnel would be employed by the dental school when it was completed. He expected that the teaching load of each of these people would not exceed about 12 hours per week, thus providing considerable time for the research projects.

Of the total floor space of 57,000 square feet in the new school in Manitoba, more than 10% (6300 square feet) has been set aside for research laboratories, with opportunities for future expansion should this become necessary.

It is worth noting that two National Research Council Grants-in-Aid were made to the Manitoba School in 1959 to support research projects already under way. In addition several young dental graduates are now away acquiring further training to equip themselves as teachers and research workers in Manitoba.

With such an auspicious beginning it is expected that the future holds great promise for research at the University of Manitoba dental school.

III. Dental Research in University Departments Outside Dental Schools

In addition to the projects being carried out within dental schools in Canada, university departments not located in the dental school or in universities with no dental school also conduct research which is of keen interest and great importance to dentistry. By way of illustration one could point to the excellent work being conducted at the University of Ottawa, McGill University and the University of British Columbia on problems relating to the mineralization of hard tissues, and to that in Dalhousie University on dental pulp vascularity and on the metabolism of local anaesthetics.

IV. Organizations Other Than Teaching Institutions

Replies to the questionnaires sent to Directors of the Health Units in Canada indicate that considerable time is being spent by both the Directors and their staff in research activities. Several studies are now under way in the East and the West to evaluate topically-applied stannous fluoride in preventing dental decay. Subjects included in the studies range in age from pre-school children to adults. One study has been started to evaluate the use of sodium fluoride tablets as a caries preventive measure. In addition a great deal of effort is being spent in gathering data to serve as a most important "Index of Dental Health" in the various regions of Canada. Finally some limited work is going on to evaluate various treatment techniques within dental health units.

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It is perhaps especially noteworthy that the Royal Canadian Dental Corps is supporting one of the more extensive clinical evaluations of topical stannous fluoride.

V. Summary

The results of the 1959 follow-up survey of dental research in Canada conducted by the C.D.A. Research Committee, indicate that there has been a very significant increase over the past five years in the amount of dental research being conducted in Canada.

There is also good reason to believe that the type of research project has changed, that less short-term projects and more long-term basic types of programmes are in operation to-day.

The number of research-trained dental personnel employed in Canadian Dental Schools has almost doubled during the five year span.

It is well worth noting that the policy of providing Studentships by the Canadian Dental Association which have assisted these men in acquiring the kind of training necessary to become a research worker, has paid such large and rewarding dividends.

The amount of space assigned for research activities in Canadian Dental Schools has increased along with the increase in teaching facilities, and the new laboratories thus provided are being equipped as fast as they are being constructed.

TABLE I**Professional Personnel Engaged in Research in Canadian Dental Schools, 1959**

School	D.D.S. Degree Only	D.D.S. and Basic Science Degrees	Basic Science Degree Only	% Time Devoted to Research	Field of Investigation
Alberta	2(0)*	3(0)	(2)	5-10%	Paedodontics Orthodontics Pathology Endodontics
Dalhousie	(0)	2(0)	2(1)	30-50	Anatomy Pharmacology Surgery
McGill	(0)	1(0)	1(1)	20-30	Histology Pharmacology
Montreal	1(1)	3(2)	(1)	20-30	Pathology Physiology
Toronto	(9)	12(9)	1(4)	25-100	Histochemistry Biochemistry Statistics Radiation Biology Pathology Periodontics Bacteriology Histology Genetics Orthodontics
	3(10)	21(11)	4(9)		

*The numbers in the brackets are taken from the 1954 survey.

TABLE II**Technical Personnel Engaged in Research in Canadian Dental Schools, 1959**

School	No.	% Time in Research	
Alberta	1	25% (35) *	
Dalhousie	1	100% (33)	
McGill	1	100% (25)	
Montreal	1 (0)	100%	
Toronto	9 (10)	3:50%	6:100%
	13		

*The numbers in the brackets are taken from the 1954 survey.

TABLE III

Graduate Students, Canadian Dental Schools, 1959

School	No.	Course
Alberta	—	Grad. Degrees in Anatomy Embryology Growth & Development Histology
Dalhousie	—	
McGill	—	
Montreal	—	
Toronto	6	
	+	Post-Grad. in clinical specialty fields in which re-search plays a part
	15	

TABLE IV

Research Facilities, Canadian Dental Schools, 1959

School	Floor Space	Location	Are Labs in Dental School Adequately Equipped?	Is Equipment in Other Departments Available to Dental School?
Alberta	100 sq. ft. (0)* approx.	Dental School	No	Yes
	?	Edmonton Cerebral Palsy Clinic		
	?	Health Units	?	
Dalhousie	1000-1200 ft. (0)	Dental School	Yes	Yes
	1000-1500 ft. approx.	Depts. of Anatomy Biochemistry Physiology Pharmacology		
McGill	230 sq. ft. (0)	Dental School	Yes	Yes
	?	Dept. of Anatomy Pharmacology		
Montreal	2000 (600)	Dental School	Not Sufficiently	Yes
Toronto	25000 (4000)	Dental School	Yes	Yes
	200 +	Hosp. for Sick Children		
	200	Best Inst.		

*The numbers in the brackets are taken from the 1954 survey.

TABLE V

Allocations for Direct and Indirect Support of Research by National Research Council and the Canadian Dental Association, 1954 and 1959

National Research Council Allocations		
	1954	1959
Grants-in-aid	\$23,645	\$53,800
Fellowships	6,000	16,000
Summer Assistantships	nil	6,755
Sub-Total	29,645	76,555
Canadian Dental Association Allocations		
Studentships—Regular	3,660	3,900
Studentships—Summer	nil	3,195
Travel	448	257
	4,108	7,352
Total	\$33,753	\$83,907

Appendix B

THE CANADIAN DENTAL RESEARCH FOUNDATION
BALANCE SHEET
December 31, 1959

— ASSETS —

Current Account		
Accrued interest on bonds	\$	185.66
Capital Account		
Cash in trust company	\$	155.65
Government and government guaranteed bonds, at cost (par value \$17,100.00)	17,064.50	17,220.15
		<u>\$17,405.81</u>

— LIABILITIES —

Current Account		
Surplus	\$	185.66
Capital Account		
Surplus, December 31, 1958		17,220.15
		<u>\$17,405.81</u>

STATEMENT OF RECEIPTS AND DISBURSEMENTS
CURRENT ACCOUNT
Year ended December 31, 1959

— RECEIPTS —

Interest on investments held by trust company	\$579.50
Bank interest	86.04
	\$665.54

— DISBURSEMENTS —

Trust company's fees to December 31, 1959	\$ 41.88
Transfers to C.D.A. Dental Research Fund (including \$117.24 remitted by National Trust Company, Limited, on December 31, 1959)	623.66
	\$665.54

Appendix C

ALLOCATION OF FUNDS FOR STUDENTSHIPS 1960

a) Travel

<i>Grantee</i>	<i>Purpose of Grant</i>	<i>Amount</i>
R. M. Grainger, Toronto, Ontario.	To enable consultation with Dr. John Alman, Director of the Unit Computation Centre at Boston University, Boston, Massachusetts. This consultation was arranged to permit Dr. Grainger to become familiar with the technique of using the type of electric computer available at the University of Toronto, for dental studies.	\$ 200.00

b) Studentships to Graduates in Dentistry

Keith W. Davey, Toronto, Ontario.	For living expenses while studying for one year in the Institute of Basic Medical Sciences, Royal College of Surgeons, London, England, in pre-	\$2,500.00
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paration for post graduate work in the field of Paedodontics in the School of Dentistry, Malmo, Sweden. Dr. Davey, who is a member of the staff in Paedodontics at the Faculty of Dentistry, University of Toronto, will assume considerable responsibility in the teaching program at the postgraduate level in Paedodontics at his university on his return.

c) Studentships to Undergraduates in Dentistry

J. G. Abood, Jr.	Salary while employed for three months in the laboratory of Dr. Burgan of the Department of Physiology, McGill University, during the summer of 1960.	\$ 795.00
W. G. Booth	Salary while employed for three months in the laboratory of Dr. R. Leeson, Department of Anatomy, Dalhousie University, during the summer of 1960.	\$ 840.00
D. R. Gratton	Salary while employed for 2½ months in the laboratory of Dr. R. M. Grainger, Faculty of Dentistry, University of Toronto, during the summer of 1960.	\$ 700.00
H. W. Kaufmann	Salary while employed in the laboratory of Dr. I. Kleinberg, Department of Biochemistry, Faculty of Dentistry, University of Manitoba, during the summer of 1960.	\$ 750.00
D. Lemieux	Salary while employed in the laboratory of Dr. Z. Mezl, Professor of Oral Pathology, Faculty of Dental Surgery, University of Montreal, during the summer of 1960.	\$ 840.00
Miss B. A. Osins	Salary while employed in the laboratory of Dr. Sylvia H. Bensley, Department of Anatomy, Faculty of Medicine, University of Toronto, during the summer of 1960.	\$750.00

RESEARCH

N. S. Taichman	Salary while employed in the laboratory of Dr. G. Nikiforuk, Faculty of Dentistry, University of Toronto, for 21½ months during the summer of 1960.	\$ 700.00
TOTAL		<u>\$8,075.00</u>

Appendix D

STATEMENT ON FLUORIDATION

WHEREAS tooth decay, by affecting the vast majority of people in Canada, has come to be recognized as one of the major public health problems of our time, and

WHEREAS studies covering a period of over thirty years under the widest variety of controlled conditions have marked fluoridation as one of the most widely studied of public health procedures, and

WHEREAS such studies reveal that the use of fluoride in the recommended amounts of one part of fluoride to one million parts of water causes no ill-effect and is effective in reducing tooth decay by approximately two-thirds, and

WHEREAS fluoridation benefits children and the benefits extend into adult life, therefore be it

RESOLVED that the Canadian Dental Association reiterates its recommendation to the people of Canada that communities having a public water supply adopt a procedure for adjusting the fluoride content of their water supply to a level considered optimal for the maximum prevention of dental decay, and for this purpose seek competent dental, medical and engineering advice.

ADOPTED

COMMENT AND ACTION

- (a) We concur. It is recommended that direction be given in the by-laws of the Association on the procedure to be followed in the appointment of ad-interim members and chairmen of committees.

(b) The excellent service by these committee members is very much appreciated by the Association.

RESEARCH

We recommend that a special letter of thanks be sent to those retiring members of the committee who are not members of this Association.

2. The progress in dental research over the five year period is most gratifying.
3. Information.
4. Information.
5. (a) Noted with interest
(b) We concur.
6. (a) Information.
(b) Appendix C. We concur.
(c) The indicated need is noted for additional funds for the committee projects.
7. (a) We concur.
(b) Noted.
8. We concur.
9. Noted.

The Research Committee is commended for its excellent work. We recommend adoption of the report of the Research Committee:

APPROVED

MEMBERS: *M. A. Rogers, Chairman, Montreal, P.Q.; P. J. Gitnick, Montreal; G. de Montigny, Montreal; H. T. Oliver, Montreal.*

REPORT

1. This committee held two meetings during the past year and has devoted its main effort towards becoming better informed regarding the existing regulations governing medical and dental specialties both in the United States and in Canada.

(a) Information in considerable detail is now at hand respecting the Royal College of Physicians and Surgeons of Canada.

(b) Information has also been gained regarding the position of the dental specialties in the United States of America. This latter indicates that the policies of the American Dental Association with respect to the specialties are as yet not stabilized.

(c) A survey of existing regulations governing the specialties in the various Canadian provinces has been made and a summary is attached to this report as Appendix A.

This survey indicates that the number of Canadian provinces recognizing specialties has risen to 7 from 3 when the last survey was made in 1956.

It indicates, too, that there is a wide variation in the regulations governing the specialties in the different provinces.

2. National Specialist Certification

This committee is impressed with the trend toward specialization as seen through increasing numbers of young graduates who are seeking advanced training.

Students are frequently at a loss to know where and how to equip themselves properly for the special services they are so keen to render, and indeed, the qualifications required vary from province to province. These men are badly in need of guidance, encouragement, support and recognition.

We feel that there is an urgent need for a national body to control dental specialties in Canada.

To this end, this committee has begun a study of the possibility and feasibility of setting up a national dental specialist certification board in Canada.

(a) To set up qualifications for the dental specialties.

(b) To encourage training in the dental specialties in Canadian schools.

SPECIALISTS AND SPECIALIZATION

- (c) To establish regulations governing the specialties.
- (d) To give recognition to properly qualified dental specialists.

3. Definition of a Specialist

It will be recalled that the definition of a specialist as offered at the last meeting of this board was returned to this committee for further study. The debatable point is whether or not a specialist should be required to restrict his practice to his special field.

A great deal of discussion within the committee has taken place on this point and there is much to be said on both sides of the question.

The American Dental Association and the Royal College of Physicians and Surgeons of Canada are divided on this point.

The Canadian Society of Oral Surgeons and the Orthodontic Section of the C.D.A. have indicated to this committee their feeling that a specialist should restrict himself entirely to his specialty.

The committee recommends, therefore, that in view of

- (a) Widespread difference of opinion on this point
- (b) The developing regulations within the American Dental Association on the question of specialties
- (c) The views expressed by two of the specialty organizations recognized by the C.D.A.
- (d) The study now instituted in the hope of setting up a National Dental Specialist Certification Board,

the definition of a specialist should remain, for the time being, unchanged as follows:

“A specialist in dentistry is a graduate dentist who, through approved advanced study and practice, attains expert knowledge and skill in a special field and who limits his practice to that special field”.

SPECIALISTS AND SPECIALIZATION

1. The Provincial Board may set examinations if deemed necessary.
2. Two years full time Internship in a recognized University.
3. Oral Surgery—Two years in limited practice of Oral Surgery.
Orthodontics—Three years in limited practice of Orthodontics.
Prosthodontics—Three years in limited practice of Prosthodontics.
Periodontics—Two years of practice in Periodontics.
4. Periodontics—Having practised and taught Periodontics in a recognized University for three years.
5. Completion of one of the following:
 - (a) Three years in the practice of Dentistry.
 - (b) Three years of service in an approved dental clinic on a part time basis of not less than 20 hours a week.
 - (c) Two years of full time service in an approved dental clinic.
 - (d) Forty-eight consecutive weeks indentureship with a regularly qualified specialist approved by the Board.
 - (e) Two school years as demonstrator or clinician in a dental school recognized by the Board.
 - (f) Other experience considered by the Board to be of equal value.
6. Five years of general or limited practice in Dentistry.
7. One academic year of post graduate training in a School of Dentistry, Dental Clinic, Infirmary or Hospital recognized for that purpose by the Provincial Board.
8. The candidate must have practised dentistry for a period of four years prior to the approval of the "Certification of Specialists" Act. For at least two years he must have restricted his practice in British Columbia to the specialty in which he is applying for certification.
9. The candidate may have acted as an Interne or a Clinical Assistant during the specified period (7 above), provided that the whole time shall have been devoted to this special training.
10. The candidate must present proof of a Master of Science degree or equivalent in the specialty designated, conferred by any Dental School or University approved by the Council.

COMMENT AND ACTION

1. Information.
2. We concur and recommend that the committee continue its efforts in this project.

SPECIALIST AND SPECIALIZATION

3. We recognize that the question of the limitation of practice of specialists has not yet been resolved. However, in order to expedite matters relative to the formation of a national certification board, we concur with the present conclusion of the committee in respect to the definition of a specialist.

We recommend the adoption of the report of the Committee on Specialists and Specialization.

APPROVED

WAR MEMORIAL AWARD

MEMBERS: *L. Lepine, Chairman, Montreal, P.Q.; A. M. Hord, Toronto, Ont.; M. Lang, Montreal; L. A. Gill, Montreal; G. Baril, Montreal.*

REPORT

1. The 1950-60 annual competition entitled "The role of dentistry in public health" offered interesting presentations that were once again very ably treated.
2. There were only six entries. Alberta and Dalhousie faculties once again did not compete.
3. The committee regrets to report that one entry who had received the highest marks by the judges was disqualified because it grossly exceeded the regulation in relation to length. The decision of the committee was unanimous, Dr. A. Hord, the fifth member, from Toronto, having been consulted by telephone.
4. In order to avoid such a regrettable decision in the future, the committee suggests that the Deans be well informed by the executive to send only the manuscripts that are in accordance with all the regulations of the competition.
5. The winners unanimously selected by the judges were:
 - 1st prize: Stanley Frodyma, McGill University
 - 2nd prize: Howard Zuckerman, McGill University

The deserving winners have been notified as usual by the Executive last May, on time for graduation ceremonies.

6. The committee wishes to remind the members of this Board that the increased amount of the prizes previously approved by them will only be in effect starting with the present 1960-61 competition.
7. The judges were again this year Drs. Mervyn A. Rogers, P. T. Gitnick and G. deMontigny, all members of the teaching staff of either McGill or Montreal universities. They generously accepted this delicate task for which this committee wishes to express its deep appreciation.
8. To comply with the desire expressed by the members of the Board during last year's annual meeting, the previous reservoir of four titles has been either substituted or completely changed and now reads as follows:
 - (a) "A comparative study of the modern concepts of endodontic treatment."

Reason: the average graduate being usually more familiar with a given technique of endodontic therapy, it is very important that he also familiarizes himself with the various concepts of treatment that are available today.

WAR MEMORIAL AWARD

(b) "The early diagnosis of oral precancerous lesions."

Reason: fear of oral cancer is beginning to evoke a greater public interest. It is therefore the duty of the dentist to be able to cope with the problem and be in secure position to advise his patients.

(c) "Fractured anterior teeth in children: diagnosis, treatment and prognosis."

Reason: this problem of fractured anterior teeth in children, being one of the frequent emergencies of general practice that concerns masticatory function, phonetics and aesthetics, is certainly an important topic of research for the student.

(d) "An appraisal of the antibiotic therapy in dentistry."

Reason: because of the indiscriminate use of antibiotics in dentistry today, a profound knowledge of their pharmacology, indications and contra-indications is imperative.

9. This last title (Item d) selected by the committee for the 1960-61 competition has been approved by the Executive and sent together with the regulations to the deans of five faculties last March. A total of approximately two hundred English and sixty French copies are sent to be distributed to the fourth year students.

10. The committee has no modification to make to its usual budget.

COMMENT AND ACTION

1. Information.
2. All faculties should be encouraged to submit entries.
3. Noted.
4. Agreed.
5. Information. The winners have no doubt been congratulated.
6. Information.
7. We express our appreciation to the judges.
8. Agreed.
9. We approve.
10. Noted.

We recommend the adoption of the Report of the War Memorial Award Committee.

APPROVED

REPORT

1. Soon after its establishment the Bureau of Economic Research was called upon to help in the preparation of two reports of the Sub-Committee on Prepayment Plans to the Health Insurance Studies Committee, "Model of a Prepayment Plan for Dental Services" and "Estimated Premiums for a Pilot Model Plan of Prepaid Dental Care."

2. A section under the heading "Bureau of Economic Research" was opened in the CDA Journal and to date the following articles have appeared:

The Ages of Canadian Dentists, 1959

The Report of the Royal Commission on Doctors' and
Dentists' Remuneration 1957-60

Distribution of Dentists in Urban and Rural Areas of
Canada, 1960.

3. In June the Director made a two day visit to the Bureau of Economic Research and Statistics of the American Dental Association and there obtained first hand information on regular and special projects undertaken by the Bureau.

4. In July the Director spent two and a half weeks in Edmonton gathering the basic data for studies necessary to launch a prepayment plan in that province. She also spent two days in Vancouver discussing the time study that the BCDA is conducting.

5. The Bureau is attempting to make an inventory of general practitioners, specialists, and salaried dentists in every province with distributions according to their locations within the provinces and where possible their university and year of graduation.

6. Preliminary work is now underway for a study on the causes of deaths of dentists and for a survey of the salaries of dentists (the latter project at the request of the Health Insurance Studies Committee). In addition, the Council on Dental Education has requested information on the cost of becoming a dentist.

COMMENT AND ACTION

1. We commend the Director for her excellent studies and reports.
2. This is a good method of presenting this material which also increases the value of the Journal to its readers. It is suggested to the Editor of

the Journal he might consider the possibility of including an article in the Journal on the historical development and significance of the Royal Commission Report.

3. Information.
4. Information. We agree that it is desirable for the Director to make such visitations as will enhance her own knowledge of the economic aspects of the dental profession.
5. We commend.
6. Information.

Comment

1. We extend sincere appreciation to the Director for her important and diligent services to the Association as Director of the Bureau of Economic Research. The achievements of this Bureau have more than justified the creation of this Association activity.

2. During the developmental period of this Bureau there should be the least possible restriction on the projects to be undertaken. However such projects should, generally, be of benefit to the profession as a whole and be indigenous to the purposes of the Bureau. Where it becomes necessary to assign priorities to projects to be undertaken we recommend that such priorities be established by the Director in consultation with the Secretary of the Association.

We recommend the adoption of the report of the Bureau of Economic Research.

APPROVED

Number 1

Royal College of Dental Surgeons of Ontario

WHEREAS the profession of dentistry endorses the principal of continuing education for all dentists and

WHEREAS the patient has the right to expect continuing professional education and

WHEREAS the stimulus to continue one's education in dentistry is enhanced by attendance at post-graduate courses, clinics, and conventions and

WHEREAS it is impossible to legislate effectively in respect to quality of professional services, therefore be it

RESOVED that the Canadian Dental Association give consideration to the formation of a Society or Academy, membership in which would be granted to those who through post-graduate training and study have proved their continuing proficiency in the practice of dentistry.

ACTION

We are in accord with the principle of continuing dental education by attendance at postgraduate courses, clinics, and conventions, but we consider that the formation of the proposed society or academy is impractical.

We recommend:

1. That increased emphasis be given on the undergraduate level that dentistry is a continuing study.
2. In view of the fact that extensive facilities have been provided in our dental schools, more frequent use of these facilities to provide post-graduate and refresher courses should be encouraged.
3. The local dental societies should energetically promote active participation of all their members in their scientific sessions.

APPROVED

Number 2

Royal College of Dental Surgeons of Ontario

WHEREAS the dentist-population ratio is continuing to deteriorate and according to future estimates will continue to worsen even with the recent additions to teaching facilities, and

SUBMITTED RESOLUTIONS

WHEREAS this adverse dentist-population ratio is further aggravated by great inequities in the geographic distribution of dentists, and

WHEREAS there is an increasing demand on the part of the people of Canada to receive health care services including dental care, and

WHEREAS because of the essential nature of health care services, the Canadian public, generally, regards the enjoyment of these services as a right, and

WHEREAS there is evidence of widely held views by the public that dental treatment is costly and the direct payment for dental services is a deterrent to obtaining treatment, and

WHEREAS it is mandatory that the dental profession provide positive leadership in extending dental services as broadly as possible to all segments of our people, and

WHEREAS the dental profession has the obligation to assume responsibility for the welfare of the people who receive dental care services, and

WHEREAS the dental profession must retain full and complete responsibility for the provision of all treatment requirements, and

WHEREAS it is fundamentally unsound for persons of superior training routinely to be engaged in rendering services which can just as effectively be provided by people of lesser training, and

WHEREAS it has been amply demonstrated in other areas—scientific, professional, and business—that the employment of auxiliary services has increased output and lowered cost and concomitantly maintained or even enhanced standards, therefore be it

RESOLVED that services delegated to auxiliary personnel be rendered under the direct control and supervision of qualified dentists, and further

THAT the services which dental auxiliary personnel may presently legally perform be expanded but not to include case assessment, treatment planning, cutting or severing hard and soft tissue, or the making of prescriptions, and further

THAT each provincial licensing board be encouraged to so amend its existing definitive regulations and/or legislation to effect a much broader scope of services by auxiliary personnel acting under the direct supervision of qualified dentists, and further

THAT each Canadian dental school be encouraged to augment its present training program for auxiliaries or to institute training programs for auxiliaries giving due cognizance to those technical

SUBMITTED RESOLUTIONS

facets of dental service which can, under the continuing supervision of qualified dentists, be delegated to auxiliaries.

ACTION

We agree in principal with this resolution but would recommend that while giving consideration to the training of auxiliary personnel we should not disregard the recruiting and training of more dental students. We would recommend that serious consideration be given to increasing the facilities for this purpose.

APPROVED

Number 3

Royal College of Dental Surgeons of Ontario

WHEREAS the holder of the office of President of the Canadian Dental Association is possessed of important information and informed opinions concerning many facets of the work of the Association, and

WHEREAS the position of Chairman of the Board of Governors of the Canadian Dental Association requires an impartiality in the conduct of the Annual Meeting of the Board of Governors thus largely precluding participation in the debate on the issues coming before the Board, and

WHEREAS it would be of inestimable value to the Association to enjoy the observations and opinions of the President at the Annual Meeting of the Board of Governors unhampered by his over-riding duties as Chairman, therefore be it

RESOVED that Article 7, Section 1 (a) of the C.D.A. By-Laws be reconsidered in order to relieve the holder of the office of President of the Association from the duty of acting as Chairman of the Annual Meeting of the Board of Governors, and further

THAT through some method acceptable to the Board of Governors the position of Chairman be created an appointive post.

ACTION

We agree that the resolution has considerable merit and recommend that it be referred to the Committee on By-Laws and the Executive Council for further study.

APPROVED

Number 4

Royal College of Dental Surgeons of Ontario

WHEREAS Article 8, (Section 6 (a) and Article 9, Sections 4 (e) (ii) and (iv) would appear to be inconsistent with each other, and

WHEREAS the positions of Editors are possessed of such sufficient importance that their holders should be created officers of the Association responsible directly to the Executive Council, and

WHEREAS the actual production of the Journal can be most satisfactorily achieved through the co-operative efforts of the Editors, Business Manager, and Advertising Manager, the Editors responsible to the Executive Council and the latter two to the Secretary, and

WHEREAS a great void exists in encouraging and developing an interest in and concern for dental journalism in Canada, therefore be it

RESOLVED that Article 8, Section 6 (a) and Article 9, Sections 4 (e) (ii) and (iv) be reconsidered in the light of the reasons stated above and further

THAT consideration be given to amending the name of this Council to Council on Journalism.

ACTION

- a. We recommend that further study be given to the terms of reference by the Executive Council and the By-laws Committee.
- b. We recommend that the name of the Council be changed to "Council on Journalism" and that they endeavour to encourage and develop dental journalism in Canada.

APPROVED

Number 5

Manitoba Dental Association

WHEREAS a major concern of dentistry is to provide more service for the public and

WHEREAS the manpower situation at the present and foreseeable future does not indicate any improvement in the ratio between the dentist and the population and

WHEREAS in the recent amendment to the Dental Act of Manitoba one section dealt specifically with auxiliary services, therefore be it

RESOLVED that the Canadian Dental Association stress the need for auxiliary aids as an integral part of the plans for dental services.

SUBMITTED RESOLUTIONS

ACTION

We agree in principle with this resolution but would recommend that while giving consideration to the training of auxiliary personnel we should not disregard the recruiting and training of more dental students. We would recommend that serious consideration be given to increasing the facilities for this purpose.

APPROVED

Number 6

Manitoba Dental Association

WHEREAS it is our considered opinion that the need for auxiliary assistance is of primary importance in the practice of dentistry and

WHEREAS we deem it necessary to consider the need for training of auxiliary personnel, therefore be it

RESOLVED that the Canadian Dental Association request the Council on Dental Education to consider efforts to expedite the training of auxiliary personnel in dental procedures beyond what has been heretofore accepted as the duties of the dental hygienists.

ACTION

We recommend that the resolution from the Manitoba Dental Association be received and that the Manitoba Dental Association be informed that the Council on Dental Education has this subject under consideration as from their last annual meeting.

APPROVED

Number 7

Manitoba Dental Association

WHEREAS the listing of dental offices in the alphabetical section of the telephone directory in "heavy black print" be acceptable and

WHEREAS this type of listing is in frequent use across the Dominion and

WHEREAS this is done for the assistance of patients in locating telephone numbers in our large metropolitan areas, therefore be it

RESOLVED that the Committee on Ethics recommend this practice to the membership of the Canadian Dental Association.

ACTION

Submitted resolution number 7 from the Manitoba Dental Association is lacking in definition and clarity and is contrary to the Code of Ethics of the C.D.A.

However, the use of standard bold face type in the alphabetical listings of telephone directories is permissible in some provinces.

Therefore it is deemed advisable that the Council on Ethics of the C.D.A. reconsider the general acceptability of this procedure, with a view to changing the existing Code of Ethics.

APPROVED

Number 8

Manitoba Dental Association

WHEREAS the Department of Indian Affairs is requesting the dental profession to do emergency work (extractions only) in private officers at a fee of \$1.00 for anaesthetic, \$1.00 for exception and

WHEREAS this fee is not in line with standard fees for this type of work and

WHEREAS this is an emergency type of work, rarely done on appointment and usually at a great inconvenience to the dentist and

WHEREAS it is felt by the profession that this service should be done at a fee equivalent to that paid by the Department of Veterans Affairs, therefore be it

RESOLVED that the Canadian Dental Association, or an appropriate committee of this Association, approach the Government of Canada to adjust this fee.

ACTION

We concur with the resolution and recommend that it be referred to the Executive Committee for action.

APPROVED

Number 9

College of Dental Surgeons of British Columbia

The College of Dental Surgeons of British Columbia commend the general outline of the CDA statement of policy on auxiliary personnel and concur generally in the aims and objects set out. We do, however, question the wisdom of some statements made, specifically under section four "sup-

SUBMITTED RESOLUTIONS

porting statements", clause 3, paragraph 4, and would therefore present a resolution concerning this statement:

WHEREAS in the statement of policy on auxiliary personnel under consideration by the Board of Governors of the Canadian Dental Association, in section four, "supporting statements", clause three, paragraph four, it states as follows: "These services must not include case assessment, treatment planning, cutting or severing of hard and soft tissues, administration of drugs or the making of prescriptions", and

WHEREAS such a statement does not cover some very large sections of the practice of dentistry such as Orthodontia, Prosthodontia, Periodontia, etc., and

WHEREAS such a statement, couched in such specific terms, could be used against the profession by those who have ulterior motives, with much damage to the dental health of the public, therefore be it

RESOLVED that the paragraph as specified above be amended to read as follows: These services must not include case assessment, treatment planning, administration of drugs or the making of prescriptions but shall include those services as determined by the Council on Dental Education, which body shall also establish the requisite training and education related thereto.

ACTION

Clause 3, paragraph 4 of the supporting statements of the C.D.A. Statement of Policy re Auxiliary Personnel has been amended in the report of the Executive Committee as follows:

"These services must not include those operations requiring the scientific knowledge of the fully-qualified dentist (e.g., case assessment, treatment planning, cutting or severing of hard and soft tissues, the administration of drugs, the making of prescriptions) but should include many of the technical operations and technical parts of operations for which purpose auxiliary personnel has been adequately trained."

APPROVED

NOMINATING COMMITTEE: R. O. Winn, *Chairman, Kitchener, Ont.*; W. J. Riley, *Winnipeg, Man.*; A. G. Racey, *Montreal, P.Q.*; J. P. Whyte, *Swift Current, Sask.*

REPORT

Several factors have contributed toward disturbing the possible usual equanimity of the pleasant work of this committee.

First was the anticipated change in some of the by-laws which would in turn alter the set up of certain committees or result in their complete deletion. Yet, with no assurance as to which may the ball might bounce, the Nominating Committee must continue to function along the lines of established custom and in the even tenor of its way until advised otherwise.

Second was the direction from the Board of Governors that in the setting up of committee personnel wherever possible, geographical distribution might advisedly be given due consideration. In a widely spread organization such as the C.D.A., the possible majority of whose members could conceivably be located in two adjoining provinces, this is good professional relationship. On the other hand a chairman of a committee, let us say living in Halifax wishes to consult with a valued member of his committee who resides in Vancouver on whether a dentist in Timmins should or could ethically purchase stock in a company attempting to sell him a product reputedly closely related to the maintainance of good oral hygiene, the situation can become a bit cumbersome.

However in this respect, where at all possible, the Nominating Committee has attempted to abide by the wishes of the Board of Governors.

We wish to acknowledge the complete and unselfish co-operation of each and every committee chairman and, after a bit of prodding in some circumstances, from many others who are in a position to best offer wise counsel.

The Nominating Committee wholeheartedly endorses the change in the present method of electing all the members of this committee.

With these several matters in mind it is indeed a great privilege and our pleasure to submit the following:

President —J. P. Whyte, *Swift Current, Sask.*

President-elect —William Miller, *Vancouver, B.C.*

Immediate Past President —W. G. McIntosh, *Toronto, Ont.*

ELECTIONS

Executive

- J. P. Whyte, Swift Current, Sask.
President and Chairman
- William Miller, Vancouver, B.C.
President-elect
- W. G. McIntosh, Toronto, Ont.
Past President
- R. Langlois, Quebec City, P.Q.
- J. Zimmerman, Calgary, Alta.
- M. V. J. Keenan, Sudbury, Ont.
- P. S. Christie, Halifax, N.S.

By-laws

- H. M. Cline, Vancouver, B.C.
Chairman
- G. V. Fisk, Toronto, Ont.
- K. M. Johnson, Winnipeg, Man.
- A. G. Racey, Montreal, P.Q.

Convention 1961

- F. A. Fernet, Saskatoon, Sask.
General Chairman

Convention 1962

- L. F. Marshall, Vancouver, B.C.
Chairman

Education

- J. D. McLean, Halifax, N.S. 1961
Chairman
- J. P. Lussier, Montreal, P.Q. 1961
- T. J. Cooke, Winnipeg, Man. 1962
- J. B. O'Brien, Saint John, N.B. 1962
- H. W. Reid, Toronto, Ont. 1963
- H. R. MacLean, Edmonton, Alta. 1963

Public Health

- Frank McCombie, Victoria, B.C.
Chairman
- Marjorie Jackson, Toronto, Ont.
- Arthur Schwartz, Winnipeg, Man.
- C. A. E. McCabe, Outremont, P.Q.
- B. J. O'Meara, Charlottetown, P.E.I.
- Advisory members:
Chairmen of Provincial Dental
Public Health Committees.

Ethics

- J. P. McGuigan, Halifax, N.S.
Chairman
- Carl Dexter, Halifax, N.S.
- H. N. B. Beach, Ottawa, Ont.

—R. J. McCarten, Winnipeg, Man.

—H. J. Hann, St. John's, Nfld.

*Treasurer
Legislation*

—G. M. Dewis, Halifax, N.S.

—A. H. Crowson, Ottawa, Ont. 1961

Chairman

—J. F. French, Ottawa, Ont. 1962

—T. J. Cooke, Winnipeg, Man. 1963

Necrology

—Editor, Journal of the C.D.A.

F. H. Compton, Chairman

—Provincial Registrars

Journalism

—J. D. Purves, Toronto, Ont.

Chairman

—M. G. Boyes, Toronto

—J. A. Fortier, Montreal, P.Q.

—E. R. W. Bilkey, Toronto

—W. H. Feasby, Hamilton, Ont.

—J. F. Tilson, Toronto

Research

—K. J. Paynter, Toronto, Ont. 1963

Chairman

—J. E. Anderson, Toronto 1961

—A. E. Chegwin, Regina, Sask. 1961

—Robert Slater, M.D., Toronto 1961

—E. P. Harvold, Toronto 1961

—L. E. Francis, Montreal, P.Q. 1962

—A. F. Howatson, Ph.D., Toronto 1962

—A. M. Hunt, Toronto 1962

—G. Connell, Ph.D., Toronto 1962

—J. D. Purves, Toronto 1962

—D. L. Anderson, Hamilton, Ont. 1963

—F. H. Compton, Toronto 1963

—A. E. Hoffman, Halifax, N.S. 1963

—K. A. McMurchy, Edmonton, Alta. 1963

—C. D. Torneck, Toronto, Ont. 1963

Auxiliary Services

—R. A. Rooney, Edmonton, Alta.

Chairman

—H. R. MacLean, Edmonton, Alta.

—A. M. Revell, Edmonton, Alta.

—Chairmen Provincial Legislation
Committees

ELECTIONS

Dental Services

- P. G. Anderson, Toronto, Ont.
Chairman
- E. S. Dorion, Montreal, P.Q.
- W. R. Scott, Vancouver, B.C.
- Wm. H. Macneil, Halifax, N.S.
- L. Bernier, Quebec City, P.Q.
- H. W. Reid—Advisory, Toronto
- W. G. McIntosh, Toronto, Ont.
- W. J. Dunn, Toronto
- Chairmen, Provincial Health
Insurance Studies Committees

Hospital Services

- A. A. Antoni, Toronto, Ont.
Chairman
- R. E. Booker, Kitchener, Ont.
- A. S. Brown, Toronto
- G. Chesnay, Montreal, P.Q.
- A. Hoffman, Halifax, N.S.
- R. K. Lindsay, Vancouver, B.C.
- E. P. Luxford, Calgary, Alta.
- P. Smylski, Hamilton, Ont.
- D. M. Tanner, Toronto
- J. A. Sherman, Toronto
- T. B. Van de Mark, Toronto

Headquarters Property

- R. P. Lowery, Toronto
Chairman
- H. W. Reid, Toronto
- G. V. Fisk, Toronto

Library Trustees

(For information only)

- E. R. Bilkey, Toronto
Chairman
- J. P. Whyte (CDA Pres.)
- Don W. Gullett (CDA Sec.)

Nomenclature

- H. A. Hunter, Thornhill, Ont.
Chairman
- F. H. Compton, Toronto
- G. H. W. Lucas, Toronto
- F. E. L. Priestley, Ph.D., Toronto
- G. de Montigny, Montreal
- J. W. Cole, Prof., Toronto

- Specialists & Specialization*
- M. A. Rogers, Montreal, P.Q.
Chairman
 - P. J. Gitnick, Montreal
 - G. de Montigny, Montreal
 - H. T. Oliver, Montreal

- War Memorial Award*
- Louis Lepine, Montreal
Chairman
 - A. M. Hord, Toronto
 - Morton Lang, Montreal
 - L. A. Gill, Montreal
 - Gilles Baril, Montreal

APPROVED

In order to conform with the revised by-laws the Board elected Wm. Miller, President-elect, as chairman of the Nominations Committee. W. J. Riley and A. G. Racey continue as committee members to complete their three-year term of office. J. M. Darcy was nominated from the floor and elected. Committee membership is as follows:

- Nominations*
- Wm. Miller, Vancouver, B.C. 1961
Chairman
 - W. J. Riley, Winnipeg, Man. 1961
 - A. G. Racey, Montreal 1962
 - J. M. Darcy, St. John's, Nfld. 1963

SPECIAL RESOLUTIONS

MEMBERS: *P. S. Christie, Chairman, Halifax, N.S.; W. J. Riley, Winnipeg, Man.*

REPORT

1. To The Honourable Mark R. Drouin, Q.C., Speaker of the Senate:
“The Board of Governors of the Canadian Dental Association in session in the Senate Banking Committee Room, Parliament Buildings wishes to express its sincere thanks and appreciation for your courtesy and consideration in permitting them the use of facilities in the Parliament Buildings for their annual meeting.”
2. To The Honourable Donald Smith:
“The Board of Governors of the Canadian Dental Association wishes to convey its sincere thanks and appreciation for your courtesy in making possible their use of facilities in the Parliament Buildings for their annual meeting.”
3. Mr. John F. MacNeil, Q.C., Clerk of the Senate:
“The Board of Governors of the Canadian Dental Association in session in the Parliament Buildings wish to convey their deep appreciation for the facilities and arrangements which you so hurriedly put at their disposal.”
4. To Major C. R. Lamoureux, Gentleman Usher of the Black Rod:
“The Board of Governors of the Canadian Dental Association in session in the Parliament Buildings wish to convey their thanks for the most able way in which you looked after the arrangements for the meeting all through our sessions.”
5. To the Manager and Staff of the Chateau Laurier, Ottawa:
“The Board of Governors of the Canadian Dental Association wishes to convey its thanks and appreciation for your courtesy and excellent service during the annual convention.”
6. To Father Frank French, St. Mary's Rectory, Almonte, Ont.:
“The Board of Governors of the Canadian Dental Association wish to convey to you its sincere thanks for your most appropriate remarks expressed in the Invocation at its opening session, Wednesday, September 21st, 1960.
7. Dr. J. P. Coupland, General Chairman, Convention Committee, Ottawa:
“The Board of Governors of the Canadian Dental Association wishes to convey to Dr. J. P. Coupland and all the members of the Convention Committee a sincere vote of thanks for the splendid program and excellent arrangements which characterized the 1960 Convention.”

SPECIAL RESOLUTIONS

8. To the President of the C.D.A., Dr. W. G. McIntosh and Mrs. McIntosh:
"The Board of Governors of the Canadian Dental Association wishes to convey its sincere thanks to Dr. and Mrs. W. G. McIntosh for the delightful reception and dinner enjoyed by the delegates and their wives at the Laurentian Club."
9. To Mrs. C. W. Sheridan, Chairman of the Ladies' Committee:
"The Board of Governors of the C.D.A. wish to express their most sincere appreciation of the program arranged by your committee for the ladies entertainment during the Convention."
10. To Mrs. J. P. Coupland, Ottawa:
"The Board of Governors of the Canadian Dental Association wishes to express its most sincere appreciation for entertainment of the ladies during the Board of Governors' meeting."
11. To Mr. G. Geldert, Director of the City of Ottawa Tourist and Convention Bureau:
"The Board of Governors of the Canadian Dental Association wish to convey their sincere appreciation to you for your invaluable services which we feel to be beyond the call of duty."
12. To the Departments of National Defence, Health & Welfare and Veterans Affairs and Provincial Departments of Health:
"The Board of Governors of the Canadian Dental Association wishes to express its appreciation of your continued cooperation with the C.D.A. during the past year."
13. To Headquarters Staff, C.D.A.: Miss Collins, Miss McLennan, Miss Weir, Miss Boyd and Mr. Croft:
"The Board of Governors of the C.D.A. wishes to convey to the headquarters staff its sincere thanks and appreciation for the faithful and efficient performance of their duties which makes the smooth operation of the annual meeting possible."
14. To the Gentlemen of the Press:
"The Board of Governors of the Canadian Dental Association wishes to convey its thanks and appreciation for their wonderful courtesy and cooperation during the C.D.A. Convention."
15. To the Radio and Television Services:
"The Board of Governors of the Canadian Dental Association wishes to express its appreciation for your courtesy and cooperation in publicizing the activities and deliberations of the C.D.A. Convention."
16. To President H. C. Bugden, Eastern Ontario Dental Association:
"The Board of Governors of the Canadian Dental Association wishes

SPECIAL RESOLUTIONS

to convey its sincere thanks and appreciation for your energy and co-operation in making this Convention an outstanding success."

17. Mr. and Mrs. Charles H. Hulse, 318 McLeod Street, Ottawa:

"The Board of Governors of the Canadian Dental Association wishes to express its most sincere appreciation for your courtesy and hospitality in making available to our ladies the amenities of your beautiful home on Thursday, September 22, 1960."

18. To Mayor George H. Nelms and the Board of Control, City of Ottawa:

"The Board of Governors of the Canadian Dental Association wishes to express its thanks and appreciation for the extensive cooperation and assistance provided by the City of Ottawa during the Annual Convention."

19. To Dr. Charles Comfort, R.C.A., Director of the National Gallery of Canada, Ottawa:

"The Board of Governors of the Canadian Dental Association wish to express their deep appreciation of your courtesies extended during our reception and tour of the National Gallery of Canada on September 25, 1960."

20. To Right Reverend E. S. Reed, Bishop of Ottawa:

"The Board of Governors of the Canadian Dental Association wishes to convey to the Right Reverend E. S. Reed, its sincere thanks for his Invocation of Divine Guidance for the Annual Convention."

ANNUAL MEETING CANADIAN DENTAL ASSOCIATION

The annual luncheon meeting of the Canadian Dental Association was held in the Ballroom of the Chateau Laurier Hotel, Ottawa, commencing at 12:30 on Monday, September 26th, 1960. The retiring President, Dr. W. G. McIntosh, of Toronto, presided.

The Luncheon was opened with Invocation in French by Dr. Remy Langlois, followed by a Toast to Her Majesty, the Queen.

PRESIDENT MCINTOSH: Ladies and Gentlemen, may we have your attention, please.

As a national organization and as individuals, it is always a great pleasure for us to welcome the officials and other representatives from national organizations. We are delighted today to have two of these official representatives in our midst, Dr. Paul Jeserich, the President of the American Dental Association and Mr. Richards-Smith, a loyal and active member of the British Dental Association. I am going to invite these gentlemen to speak for their organizations. Dr. Jeserich, please.

(Applause)

GREETINGS FROM A.D.A.

DR. P. H. JESERICH: Mr. President, Distinguished Guests, Members of the Canadian Dental Association and Guests: It is an honour and a very great pleasure to be here with all of you. At this moment I hope to wish for you, on behalf of the Officers and Trustees of the American Dental Association, a very successful and a very fruitful meeting.

This is my fifty-fifth trip since last October, in one year. I can't say I haven't enjoyed it; I have enjoyed it. I think it would be more fun for a man at the age of forty-seven than sixty-seven. I have managed to lose twenty-three pounds, but to offset that I have picked up ten years in age.

I feel I have been fortunate because as part of these duties I have had the opportunity to come to Canada twice, once in July to meet with your Executive and now at this meeting.

I have always felt very close to your outstanding Secretary, Don Gullett, and consider him one of my best friends and one of the two best Secretaries in America.

Perhaps I have a little bit of my heart in Canada for the reason that my mother and four aunts were born in Toronto, Ontario. I am married to a French Canadian girl. So I am sure you will understand I have been very

ANNUAL ASSOCIATION MEETING

properly, or at least I have been oriented, in regard to the ways of Canada. I feel at home and it reminds me of a story when I say I have been properly oriented and it is a story about my name.

A lot of people have trouble remembering my name. Jeserich is just a plain old German name. I was called by my first name when I first went to school, and in high school there were not too many students in the class but when I got into the University of Michigan there were 3,600—there are now 24,000—nevertheless, this country boy was lost.

I went to my first class. I was going to take some German. My father spoke German but he wouldn't teach any German to me. He didn't want me to have a German accent. Anyway the class started and this big German said, "Do you know the derivation of your name?"

I said, "No, sir".

I was just a seventeen year old boy. That was fifty years ago.

He said, "That name was originally Jesurich meaning Jesus or the Lord, or meaning rich or the Kingdom.

I was only a week in the school and when the class was dismissed I went out of the room. About fourteen boys lined up and said, "God, were you misnamed".

I was told by your wonderful Secretary that I would have nothing to do here. I have come here for fun and a good time and in spite of orientation by my mother and aunts and my wife and with that name, you better have Don Gullett watch me very closely. It is a great pleasure to be here.

(Applause)

PRESIDENT MCINTOSH: Mr. Richards-Smith the floor is yours.

GREETINGS FROM B.D.A.

MR. G. RICHARDS-SMITH: Mr. President, Distinguished Guests, Members of the Canadian Dental Association, Ladies and Gentlemen: It is a very pleasant duty I have to thank you very, very much indeed, on behalf of the British Dental Association, for your warm appreciation of the greetings I have been privileged to bring to your President and your Association.

Back in England we have the greatest admiration for what I would almost call the vast and certainly vital Society that you have, and I am sure that when I get back to report my stewardship to my President and Representative Board, they will be very happy to know that a hitherto and at present and obviously in future very happy relationship exists between your Canadian Dental Association and the British Dental Association. Mr. President, long may that relationship continue.

Speaking for myself, personally, I was a little overwhelmed by the previous speaker having been here fifty-five times. This is my first. You can imagine I rather feel like a new boy at school.

However, I have Canadian connections. Half my wife's family are here in Canada and have been for thirty-seven years; so we are very familiar with Canadians. We are almost getting used to their ways and their accent. My partner vouched that when I got back from this trip I should be speaking with a Canadian accent myself.

You are really seeing a case of mistaken identity before you now. I came here as a humble courier with a letter of greeting. I am just on holidays but with typical Canadian hospitality and the forcefulness with which you people are noted I was promptly elevated to the rank of official delegate and here I am, whether you like it or not.

I had to put off my trip west to British Columbia for two days and I hope I can get that in before I go back. I don't regret that. My wife and I are having a wonderful time here. We have been here about four weeks and I have enjoyed every moment of it. I think you have a wonderful country here and I think it is a wonderful country for young people. I find it is literally bursting at the seams with vitality and aspirations to be able to use all the good things and the amenities you have here.

I am truly grateful to you all for your very kind and great friendship to my wife and myself and I can only conclude, Mr. President, by using the words of one of your Canadian folk songs, the Silver Birch song, and say, "I shall return once more". Thank you, Mr. President.

(Applause)

PRESIDENT MCINTOSH: Thank you, Mr. Richards-Smith, and Dr. Jeserich. Thank you, gentlemen. We appreciate your greetings and trust that you will take our thanks back to your respective organizations.

PRESIDENT'S ADDRESS

Now, Ladies and Gentlemen, the agenda for this Canadian Dental Association annual luncheon meeting, as usual, calls for a President's address. The same agenda, fortunately for you, ladies and gentlemen, also limits this address to about ten minutes.

I say "fortunately", because my term of office has been filled with so many interesting and I think vital developments about which it is not a bit hard to be enthusiastic, that if it were not for this time limitation I might be tempted to try to share with you the whole wonderful experience of being President of the Canadian Dental Association.

If I remember correctly, my opening sentence to this same meeting a

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little over a year ago in Halifax was that I was thrilled to be the President of this organization. I still am. Meeting with the C.D.A. members from coast to coast, experiencing the warm hospitality of their homes, sharing their problems and together trying to work out situations with an eye to future improvements has been a truly enviable experience for me—an experience which I shall never forget and one that has made me very proud of our national organization. I presume this is at least partly the result of learning a good deal about its activities and interests that were previously not known or understood by me. This in itself has been a rich experience that I would like to be able to share with every C.D.A. member.

Since this is your national organization's annual luncheon meeting, my first pleasant duty on behalf of the Canadian Dental Association is to welcome each of you to this national meeting, to wish you a happy and profitable convention, and on your behalf to thank Dr. J. Coupland, the General Chairman, and his fine Convention Committee for the wonderful arrangements that have been prepared for us.

It has become customary at this meeting to draw attention to the Canadian Dental Association War Memorial Award which is made annually from a fund donated by dentists to honour their colleagues killed in two World Wars. The award takes the form of a first and second prize, given for the best two essays written in competition by senior dental students from Canadian schools.

This year both prizes were won by members of the graduating class of McGill University. Stanley Frodyma won the first prize, and Howard Zuckerman, the second. The title of the essays was "The Role of Dentistry in Public Health". It is sincerely hoped that this form of war memorial provides a living memory for our colleagues who made the supreme sacrifice.

I do not intend in this address to give you a chronicle of the events of the year. The topic about which I do wish to speak for the next few minutes could be entitled, "Where do we go from here?" This is the question, stated in many different ways, which has been expressed by dentists and dental organizations from one coast of Canada to the other. It is good that we are asking because this indicates that there is realization that the dental profession cannot continue to adequately serve, and be the highly respected profession that we all want it to be, without making some changes in accord with our changing times.

The rapid expansion of our population, the steady worsening of the ratio of dentists to population, the increasing demands for better health care for all, the trend toward socialization of health services, the turn toward pre- and post-payment programs to cover practically every commodity and service, plus the new dental equipment and methods of practice are just a few of today's modifications which are making those concerned with the future of our profession ask this question, "Where do we go from

here?" These new social and scientific developments are creating problems for us today but they become colossal hurdles as we look into the future.

One possible outcome which can and likely will result from a complacent attitude by the profession is the establishment of a dental program controlled and administered by other than the dental profession, in which, if the experience in other countries where this step has already occurred is any criterion, the quality and eventually the quantity of service rendered will be reduced, individual initiative will soon be lost, and the professional standards for which our forefathers have worked so diligently and which we have all enjoyed, will soon be lost. If this is what we want, then doing nothing but hiding our heads and blindly continuing our present good, but not good enough dental programs, will very rapidly bring such a situation upon us. The changing pattern of today's society will see to it that we do not have long to wait.

What then can we do? Perhaps too often our thinking stops at about this point and we focus on failure. If possible I'd like to leave you this afternoon looking at the image of success. For I sincerely believe that, with the right attitude and the will to work and to adjust to changing environments, we can be successful in supplying good dental service to more people, and at the same time maintain a professional standard about which we can all be proud.

One very necessary decision is to move forward; history has shown that we cannot stand still. It probably will be essential to change our views many times in the process of following through to success. But those who are to be pitied most are the ones who will not change their minds, who are trying to resist the twentieth century and to live in the past. To resist change, to refuse to adopt to it, is like speeding on over-crowded highways: if you persist, you kill yourself and others who have relied upon you. "To follow through is to search for new ideas, to proceed from clumsiness to skill, to avoid complacency and seek advancement, to look for a better way of doing things."

To day-dream about Sir Thomas More's Utopia and other great achievements can be inspiring, but one has to come back to the reality of a starting place. One is always starting from where one is now. It becomes a matter then of first assessing and realizing the nature of our present position.

On the subject of following through, one author has stated that after knowing your present position there are five things to do: fix your purpose; make sure it is the right one; search out the ways by which you may reach it; study the details about these ways; and get busy.

Meeting and dealing at once with the problem at hand always increases the probability of success. Nothing accomplishes the big jobs like getting

ANNUAL ASSOCIATION MEETING

the little ones done. You will remember the proverb, "The best way to peel a sack of potatoes is to take one potato at a time and peel it".

By this time you are probably wondering what these latter comments have to do with our dental problems. I believe they are most pertinent. At the recent Board of Governors' Meetings of the C.D.A., your representatives tried to assess dentistry's present position; tried to set down ways and means of reaching this goal and gave some study to the details of the proposed methods. There is one point left, and that is to *get busy*.

It is true that the proposals passed by the Board of Governors were not agreed to by everyone. But after lengthy discussions and study certain ones were approved as a starting point in a sincere attempt to meet the environmental changes already referred to. A wise and successful man once gave this advice to a young man starting his business career: "Do the wise thing if you know what it is, but anyway do something—the wisest thing you know". This is what your Association is trying to do, and we need every member's help in getting busy to put the program into operation.

In a recent Royal Bank Monthly Letter, the author wrote about the courage it sometimes takes for new or different starts in life and difficulty of making decisions. He pointed out that difficult or not, decisions have to be made. There is, as a rule, much more likelihood for the man of action to succeed than the one who, being undecided, lets the world go by him while he is making up his mind. The author goes on to say: "Deliberations and analysis are, in risky situations, positive approaches to dynamic action. Tidy up your problems so that you can decide quickly and with certainty what to do. Analysis is the foe of vagueness and ambiguity and hesitancy".

What is the cause of the foolish air some people have of always being shocked and surprised by the things that happen around them? It is lack of foresight. They have not made themselves aware of the changes that are taking place; they have not kept up to date; they are taken unaware by the consequences of causes they did not know existed. When a person has analyzed the present, and looked ahead to appraise the worst that can happen in the future, he is protected against shock and he is ready for the appropriate action.

Ladies and gentlemen, this is a constructive sort of preparation. It is my opinion that no more important account of the year's activities could be given than to say that this has been the attitude and outlook of the officers and committees of your national organization. It is my sincere hope that it will become the attitude and the dedicated undertaking of every dentist in Canada.

In closing, may I again say what a privilege it has been for me to work with so many fine people during my term of office. The members of all committees, the headquarters staff, and all my associates across Canada

have been most cooperative and helpful. This fine spirit and cooperation shown on all sides is typical of our Association and the reason we can look forward with such confidence to the future.

(Applause)

HONORARY MEMBERSHIP

PRESIDENT McINTOSH: As the President of the Canadian Dental Association, I now have the privilege and the honour of conferring Honorary Membership in our Association on one of Canada's most distinguished dentists. Dr. Felix Andrew French is the gentleman to be so honoured.

(Applause)

Dr. French was born in Renfrew, Ontario, in 1882. After obtaining his preliminary education there he attended Ottawa University from 1900 to 1902 and in 1905 graduated from the Royal College of Dental Surgeons in Toronto.

Since that time Dr. French has lived a busy and varied life. He practised his profession in Renfrew, Edmonton, and from 1922 to 1957, here in Ottawa. He has contributed extensively to organized dentistry and has given unselfishly to many scientific programs in Canada and the United States.

I am told that Dr. French was a keen sport and a good athlete and held a position in the Ottawa College rugby squad in 1901, and again in the Toronto university squad in 1905 when these teams won Canadian Championships.

Most of us who have not had the pleasure of knowing Dr. French personally probably know him best for his enquiring mind and his research activities in the field of prosthetic dentistry, to which he has made very many valuable contributions.

Dr. French has received distinguished recognition from other dental organizations. He is a fellow of the American College of Dentists and an Honorary Life Member of the Academy of Denture Prosthetics, the Ontario Dental Association and the Ottawa Dental Society.

Now, Dr. French, on behalf of the Canadian Dental Association, I take great pleasure in extending to you Honorary Membership in this Association. I hope you will enjoy this distinguished honour for many years to come.

(Applause)

(Honorary Membership Certificate presented to Dr. French.)

DR. F. A. FRENCH: Mr. Chairman, Members of the Canadian Dental

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Association, Ladies and Gentlemen: I was somewhat at a loss to know why they have selected me for this honour until I noticed that practically all the members of the Executive of the C.D.A. were personal friends of mine. I have had some contacts on some occasions in the past and they have taken this way of getting even with me.

It is somewhat of a surprise and slightly embarrassing because I didn't know I was to make a reply until I picked up the program, so I must rely on the old saying that "He who speaks from the heart will speak best".

Now, I have enjoyed the practice of my profession and have found it very, very interesting. It was lots of fun and there was plenty to do, particularly when you got in the research end.

In fact it was an Englishman who stirred up Canadian dentistry and the American continent, back in 1910, when Sir William Hunter referred to crown and bridge work as "American septic dentistry".

I had been in practice only a short time when we sort of had the props kicked out from under us and we had to get busy and try to find the answer. I was caught up in the swirl and while it was lots of fun, it meant a lot of time and I probably at times did not devote as much time to my home as I might, but I was blessed with a good wife who understood what we were trying to do and I have had a great deal of pleasure and I have made a great many friends and in looking back I have nothing but fond memories. (Applause)

PRESIDENT MCINTOSH: On your behalf and mine, too, I would like to recognize the other representatives of Dr. French's family who are sitting at the table here before me. If Mrs. French Sr. wouldn't mind, we would like her to stand up so we can show our gratitude to her.

(Applause)

The Executive of the Canadian Dental Association was delighted this year that Dr. Harvey Reid, a very distinguished Past President, would accept the post of Installing Officer for this meeting.

Dr. Reid, I now turn the gavel over to you.

INSTALLATION OF NEW PRESIDENT

DR. HARVEY REID: Mr. Chairman, Distinguished Guests, Members of the Canadian Dental Association, Ladies and Gentlemen: According to the constitution of our Association your President holds office from one annual meeting to the next. This, I believe, is a very wise provision because I am thoroughly convinced that the extent, the bigness of an organization, lies in the young men coming along, not in old fellows like myself.

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It is my privilege and I deem it an honour to introduce to you now the man who will preside for the ensuing year.

James P. Whyte was born here in Southern Ontario, at Pembroke in, well, the turn of the century. He received his early education at Eganville and Renfrew and then, of course, he received his D.D.S. degree from the University of Toronto in 1921.

Since graduation, with the exception of the war years, Jim has carried on a very busy practice at Swift Current, Saskatchewan. He has been extremely active in his chosen profession. He is a past president of his local society. He is a past president of the Council of the College of Dental Surgeons of Saskatchewan and he has served on the Board of Governors of this Association for a period of ten years. He has been also honoured by the International College of Dentists and is a Fellow of the International College.

Jim's record of service dates back to 1928 when he was a 2nd Lieutenant and continued until his retirement two years ago when he retired with the rank of full Colonel.

Among his many postings he served the A.F.D.S. with the Canadian Forces in the Netherlands. Also as Deputy Director of Dental Services Headquarters, London. A very complete and brilliant tour of duty I think you will agree.

As a citizen of Swift Current, Jim's record to the community sounds like a page from *Who's Who*. He was an alderman for eight years, Chairman of the Board of Supervisors for six years, District Commissioner of the Boys Scouts' Association for eight years, President of his Kiwanis club and Governor of the District, and Grand First Principal of the Royal Arch Masons.

This outstanding record of service was honoured in 1958 when Her Majesty the Queen appointed him Queen's Honorary Dental Surgeon.

Jim, you bring to the office of President a wealth of experience and proven ability as an administrative officer. You have the respect and the love of your confreres. I congratulate you and I am honoured to install you as President of the Canadian Dental Association and invest you with your insignia of office. (Insignia of Office placed on Dr. Whyte.)

(Applause)

And I charge you with the responsibility of leading this great organization for the coming year. May God direct your judgment and may your year be a very satisfying and fruitful one.

Ladies and Gentlemen, it is my pleasure to present to you your new President.

(Applause)

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PRESIDENT ELECT WHYTE: Mr. President, Distinguished Guests, Official Representatives, Ladies and Gentlemen: At this moment of significance in my life I think probably my thoughts can best be expressed by the words of J. W. Robertson, "You are tried alone; alone you pass into the desert; alone you are sifted by the world".

I am humbly appreciative of being greatly honoured by being installed as President of the Canadian Dental Association.

To you, Harvey Reid, my valued friend of many years, my sincere thanks for your kind remarks and a dignified installation. It is true that I have been active in various spheres of community affairs in my home province, on a somewhat broad basis. But do not expect too much. I am a general practitioner in a small city, and I can only endeavour to emulate the thoughts of Rembrandt when he says, "Practice what you know and it will help clear what now you do not know". Your words assure me that I do not stand alone but am the representative of a large and influential professional group. I am still a little apprehensive.

You have had excellent food for serious thought by the eloquent words of our President.

At the Canadian Dental Association Convention held in Ottawa in September 1951, I attended the Board of Governors Meeting as the new representative of Saskatchewan. This is the tenth consecutive Board of Governors' Meeting in which I have participated.

Being born in Pembroke, naturally Ottawa and the Ottawa Valley have many fond memories for me.

Now, by a strange turn of the wheel, my predecessor in office, Bill McIntosh, who was born in Saskatchewan, came to Ontario to practice his profession. The reverse is true in my case. I went to Saskatchewan, probably because I didn't know anything.

In succeeding Dr. McIntosh, I am mindful of the great contribution he has made to our profession. His youth, his sincerity, his acute assessment of our dental problems and some positive suggestions for their solution have made his presidential year truly outstanding.

Dr. McIntosh, on behalf of the entire profession, I thank you. We are all grateful that your experience and energy will be ours for a few more years, especially as you have demonstrated your national outlook on trends affecting the profession.

Mes freres francais, my French Canadian colleagues, all I can say is my good wife, Gladys, has attended French classes all last winter and if you write to me in French she will translate it for me.

Dr. Alex Fernet, the capable chairman of next year's annual conven-

tion, to be held at Saskatoon in June, has all his committees set up and working. This will be an outstandingly friendly meeting. Saskatoon is a friendly city.

One admonition: please do not pay any attention to a recent writer from British Columbia who states that Canadians are geographically humorous only. He then gives his opinion of all the provinces, saying this about the Province of Saskatchewan:

“Saskatchewan people live in a neat-shaped province, but that’s all you can say for them. They are all poor people. They have a smart Premier. If it were not for him they would all leave Saskatchewan and come to British Columbia on foot. He keeps telling them that things will get better soon, and that they’ll have enough money to ride to B.C. Their climate is even worse than Alberta’s.”

Ladies and Gentlemen, this is not so. Saskatoon in June with its long sunny days, clear skies and its altitude of 2500 feet above sea level is indeed refreshing. For a continued holiday, the great National Park of Prince Albert, close by, provides all facilities for sport and nature lovers. A most hearty invitation is issued to all of you to come to Saskatoon in 1961.

Now, a serious moment. J. Stewart Mill has said that “the worth of a state in the long run is the worth of the individuals composing it”. I say so it is with a profession.

I say, going further into the matter of progress and development, these individuals must band themselves into groups with specific purposes of study. Research, teaching and public relations are being explored and examined as never before. The challenge today is for more conscientious thought on the part of the individual dentist and a high degree of leadership from our associations.

Now, with the support of Dr. McIntosh, Dr. Don Gullett, the capable members of the Board of Governors, I feel we can take the right road even if we may, as some say, be now at a bifurcation of the way, in the future development of dentistry.

Ladies and Gentlemen, my sincere thanks for your confidence.

(Applause)

PAST PRESIDENT’S JEWEL

DR. HARVEY REID: It is rather unique that the two men we honour today should both have spent part of their time in Saskatchewan. I suppose many of you know that Bill McIntosh was born there and received his early education there.

ANNUAL ASSOCIATION MEETING

Dr. McIntosh assumed the presidency last year, shall we say, on short notice, when Dr. Langmaid unfortunately was forced to retire through illness. With his flair for organization and his insistence on meticulous detail, he worked very hard preparing himself in the few months that were afforded him before he took office, and he presented himself well informed, thoroughly organized and with a complete grasp of the problems facing the profession.

During the year he has gone from coast to coast. He has attended every committee meeting at Headquarters, and let me tell you there are plenty of them. On his return from a three-week visit to the west coast he had three days in his office, then flew back to Winnipeg to a meeting of the Council on Dental Education.

Bill, you brought to the office of President a long experience of teaching, research, war service and as head of committees of this organization. We have all been very proud of the way you have represented the Association on all occasions, with dignity and with finesse and understanding of the basic problems that were involved. You have given unselfishly of your time and energy and your wife and family have been very generous and very patient. We thank them very sincerely.

Bill, you have made a great contribution to your chosen profession. Your confreres appreciate it greatly, and on their behalf and as a mark of the honour you have done us, I ask you to wear this Past President's badge. (Applause)

Mr. President, may I thank you, and through you, sir, your Executive, for the privilege of performing this ceremony. I now return the gavel to you.

PAST PRESIDENT MCINTOSH: Mr. President, Ladies and Gentlemen: Your kind and complimentary remarks, Dr. Reid, are appreciated more than I am able to tell. Coming from you, one of Canadian dentistry's outstanding statesmen, the words take on an added significance, and I am extremely proud to receive the Past President's Jewel from the Canadian Dental Association through your hands.

I thank you, too, for Marion. She has been a tremendous help to me over the years and particularly this past year when my frequent absence from home left many additional responsibilities in her capable hands.

Dr. Whyte, to you I extend my sincere congratulations. I know you will have a very successful year of office, and the best wish that I can leave with you is that you experience the same pleasure and thrills that it has been my privilege to experience in serving the wonderful people who make up the Canadian Dental Association.

To all of you, Ladies and Gentlemen, for your confidence, support, assistance, cooperation, friendship and generosity to Marion and me, I wish to express our heartfelt appreciation and our gratitude. (Applause)

BY-LAWS

We have one further item of business, Ladies and Gentlemen, and I will ask Dr. Harold Cline, Chairman of our By-Laws Committee to bring this matter to your attention.

DR. H. M. CLINE: Mr. President, fellow members of the Canadian Dental Association:

The present by-laws of the Association were adopted in 1942 and have been in use since that time with very minor amendments. As a result, the existing by-laws do not represent the Association today. During the last two years a great deal of effort has been put forth in developing a new set of by-laws in modern style and representing the Association in its present development.

These by-laws which I hold in my hand were adopted at the Board of Governors' meeting held last week. They carry the approval of the Committee on By-Laws and represent many hours of work by that committee and by the Executive with the advice of the Association's solicitor. Preceding presentation to the Board of Governors by some three months, these by-laws were forwarded to the Corporate Members and the comments received have been given consideration.

The present by-laws are divided into three parts: Constitutional by-laws, Administrative By-laws and Terms of Reference. These new by-laws have combined the three parts into one which is the accepted method of drafting by-laws today.

Under the present by-laws, approval of amendment in the constitutional by-laws is required at the Association meeting, which is the reason for this presentation. In drafting the new by-laws, very little alteration is made in the constitutional by-laws. It is the administrative by-laws which are expanded into considerably more detail.

With this explanatory statement it is my hope that you will endorse these new by-laws.

Mr. President, I move the approval of these amended by-laws, as adopted by the Board of Governors.

PAST PRESIDENT MCINTOSH: Thank you, Dr. Cline. Would someone second this motion?

DR. G. M. DEWIS: Mr. Chairman, I should like to second the motion.

PAST PRESIDENT MCINTOSH: Now, Gentlemen and Ladies, those active members of the Canadian Dental Association are asked to vote. To give you a chance to exercise your voices, all those in favour of the motion please say "Aye". Those opposed? I declare the motion carried. This completes our agenda.

TRANSACTIONS

OF

THE CANADIAN

DENTAL ASSOCIATION



ANNUAL MEETING
SASKATOON, SASKATCHEWAN
MAY 31 - JUNE 3, 1961

TRANSACTIONS
OF THE
CANADIAN DENTAL
ASSOCIATION



ANNUAL MEETING
BESSBOROUGH HOTEL, SASKATOON
MAY 31 - JUNE 3, 1961

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OFFICIALS

1960 - 1961

(For 1961-62 Officials see Nominations Report)

Officers

<i>President</i>	J. P. WHYTE, Swift Current, Sask.
<i>President-elect</i>	WM. MILLER, Vancouver
<i>Immediate Past President</i>	W. G. McINTOSH, Toronto
<i>Secretary</i>	DR. D. W. GULLETT, Toronto
<i>Treasurer</i>	G. M. DEWIS, Halifax

Executive Council

J. P. WHYTE,	W. G. McINTOSH,	W. MILLER,	R. LANGLOIS,
M. V. J. KEENAN,	P. S. CHRISTIE,	J. ZIMMERMAN	

Board of Governors

W. MILLER	612 Birks Bldg., Vancouver, B.C.
J. ZIMMERMAN	810 Greyhound Bldg., Calgary, Alta.
A. D. LEASK	304 Scott Block, Moose Jaw, Sask.
W. J. RILEY	505 Medical Arts Bldg., Winnipeg, Man.
J. P. COUPLAND	142 Laurier Ave. W., Ottawa, Ont.
E. T. GUEST	699 Coxwell Ave., Toronto, Ont.
M. V. J. KEENAN	7 Cedar St., Sudbury, Ont.
A. H. LECKIE	606 Medical Arts Bldg., Hamilton, Ont.
O. J. YULE	74 St. Clair Ave. W., Montreal, P.Q.
J. M. CHAMARD	1509 Sherbrooke St. W., Montreal, P.Q.
J. P. LACHAPELLE	5840 Hochelaga St., Montreal, P.Q.
R. LANGLOIS	401 Grande Allee E., Quebec, P.Q.
J. F. EDGECOMBE	42 Coburg St. Saint John, N.B.
P. S. CHRISTIE	216 Spring Garden Rd., Halifax, N.S.
A. L. MACISAAC	111 Kent St. Charlottetown, P.E.I.
J. M. DARCY	T. A. Bldg., Duckworth St., St. John's, Nfld.

ATTENDANCE AT BOARD OF GOVERNORS' MEETING

	1st Ses. May 31 9.30 a.m.	2nd Ses. June 1 2 p.m.	3rd Ses. June 2 9 a.m.	4th Ses. June 2 2 p.m.	5th Ses. June 3 9 a.m.	6th Ses. June 3 2 p.m.
<i>Board of Governors</i>						
*Bernier, L.	v	v	v	v	v	v
Christie, P. S.	v	v	v	v	v	v
Coupland, J. P.	v	v	v	v	v	v
Edgecombe, J. F.	v	v	v	v	v	v
Guest, E. T.	v	v	v	v	v	v
**Hann, H. J.	v	v	v	v	v	v
Keenan, M. V. J.	v	v	v	v	v	v
Lachapelle, J. P.	v	v	v	v	v	
Langlois, R.	v	v	v	v	v	v
Leask, A. D.	v	v	v	v	v	v
Leckie, A. H.	v	v	v	v	v	v
Mac Isaac, A. L.	v	v	v	v	v	v
Mc Intosh, W. G.	v	v			v	v
Miller, W.	v	v	v	v	v	v
Riley, W. J.	v	v	v	v	v	v
Whyte, J. P.	v	v	v	v	v	v
Yule, O. J.	v	v	v	v	v	v
Zimmerman, J.	v	v	v	v	v	v
Dewis, G. M., Treas.	v	v	v	v	v	v
Gullett, D. W., Sec'y	v	v	v	v	v	v

Committee Chairmen

Anderson, P. G.	v	v	v	v	v	v
Antoni, A. A.	v	v	v	v	v	v
Cline, H. M.	v	v	v	v	v	v
Crowson, A. H.	v	v	v	v	v	v
Fernet, F. A.	v	v	v	v	v	v
Lepine, L.	v	v	v	v	v	v
Lowery, R. P.	v	v	v	v	v	v
Mc Combie, F.	v	v	v	v	v	v
McGuigan, J. P.	v	v	v	v	v	v
Mc Lean, J. D.		v	v	v	v	v
Paynter, K. J.	v	v	v	v	v	
Purves, J. D.	v	v	v	v	v	v
Rogers, M. A.	v	v	v	v	v	v
Compton, F. H. Editor	v	v	v	v	v	v

* Alternate for J. M. Chamard

** Alternate for J. M. Darcy

ATTENDANCE AT BOARD OF GOVERNORS' MEETING

	1st Ses. May 31 9.30 a.m.	2nd Ses. June 1 2 p.m.	3rd Ses. June 2 9 a.m.	4th Ses. June 2 2 p.m.	5th Ses. June 3 9 a.m.	6th Ses. June 3 2 p.m.
<i>Members</i>						
Baird, K. M.	v	v	v	v	v	
Campbell, W. G.						v
Chegwin, A. E.	v	v	v		v	
Clay, J. W.					v	
Connor, R. A.	v	v	v	v	v	v
Cooke, T. J.	v	v	v	v	v	v
Dawson, W. G.	v	v	v		v	
Decker, G. E.	v	v	v	v	v	v
Dunn, W. J.	v	v	v	v	v	v
Garvin, M. H.					v	
Grahame, J. M.					v	
Haselton, L. D.			v			
Haselton, R. D.			v			
Kilburn, L. A.	v		v	v	v	v
Kohli, F. A.	v		v	v	v	v
Le Blanc, R. M.	v	v	v	v	v	v
Mac Donell, M. J.	v	v	v	v		
Mac Lean, H. R.						v
Mc Laren, H. R.	v	v	v	v	v	v
Moore, D. S.		v	v	v	v	v
Munsie, W. P.	v	v	v	v	v	v
Oliver, H. T.	v	v	v	v	v	
Schachter, J. J.	v	v	v	v	v	v
Simmons, H.			v	v	v	
Smith, F. R.	v					
Swann, G. C.					v	v
Upton, W. R.	v	v	v	v	v	
Ward, D. B.	v	v	v	v	v	
White, E. A.					v	v
Woronuk, M. M.	v		v	v	v	v

FOREWORD

This publication contains a record of the business transacted at the 60th Annual Meeting of the Canadian Dental Association, held in the Bessborough Hotel, Saskatoon, May 31 — June 3, 1961.

At annual meetings of the Board of Governors, reports are first referred to reference committees for study. Chairmen of these committees report their findings to the open sessions of the complete Board, where final decisions are made. As a result of this procedure, all matters presented received thorough consideration.

Reports are printed herein as amended at the meeting. Comment and action of the reference committees appear after each report.

These transactions are published in order that each member may be familiar with the policies of the Association on the subjects considered. It is hoped that a valuable reference book is hereby provided.

(Sessions of the Board of Governors are not open to the general public but individual members of the Canadian Dental Association are welcome to attend as observers.)

MEMBERS: *R. A. Rooney, Chairman, Edmonton, Alta.; H. R. MacLean, Edmonton; A. M. Revell, Edmonton.*

REPORT

1. Following the pattern that seems to have become established, nearly all activities relating to auxiliary dental personnel have again been centered in the western provinces, notably, this time, in British Columbia and Alberta.

2. In British Columbia, as reported following the 1959 session of the Legislature, a Technicians Act was passed, one of the requirements of this Act being the establishment of a Board of Examiners and amongst the duties of this Board was to make regulations for the general administration of the Act, setting up examining procedures and providing for registration and general regulation of the activities of the group of technicians concerned.

3. Section (10) of these regulations provided, amongst other things, that an applicant could not qualify for registration unless he could show he had been established in business for a period of twelve years, for seven of which he must have been working directly for the public; in other words, working illegally. September 15, 1960, was named as a date after which no more applications for registration would be accepted.

4. Subsequent to September 15th, several applied and were refused registration by the Board of Examiners. These men appealed in the name of one of them for a writ of mandamus in the Supreme Court of British Columbia ordering the Board to issue a special licence on the grounds that these regulations were ultra vires of the powers of the said Board, were discriminatory, were against public policy and violated the rules of national justice. In the reasons for his judgment, the Honourable Mr. Justice McInnes said that, in examining the Act and the regulations, he "can find no authority or power under the Dental Technicians Act authorizing or empowering the Board by Regulations under the Act to place any limitation on the time within which such applications . . . may be made." He noted that, if Section (10), Subsection .07, the section referring to the cut-off date for applications, were declared ultra vires and the remainder of the section left intact, the result would be the same.

5. The judgment noted, too, that this section, in fact the intent of the whole Act, placed a premium on illegal practice by technicians. Quoting several authoritative references, Mr. Justice McInnes summarized his findings in the following terms: "I therefore hold Division (10) of the Regulations passed pursuant to the Dental Technicians Act to be ultra vires. I do so as I have already indicated because: (1) The provisions of Division (10) of the Regulations are beyond the powers of the Board; (2) Because they are discriminatory, and (3) Because they are contrary to public policy." But, he says, in spite of the regulations being ultra vires, "this does not

AUXILIARY SERVICES

enable me to grant the relief asked for in the Notice of Motion” and “the result is that the matter will have to be the subject matter of future legislation if it is found desirable to permit the granting of such special licences.” In effect, this means that, if the Legislature wishes to pursue the purposes reflected in the regulations, it will have to be done by the Legislature itself, not by delegated, regulatory authority. Whether there has been any significant indication of what the government of the province may decide to do on this question has not been indicated yet.

6. In Alberta, two Bills relating to auxiliary services were presented this year: one respecting Dental Technicians, the second to establish Certified Dental Mechanics. The second Bill, as presented, proposed to incorporate “The Denturist Society of Alberta” but, in committee, this was changed to “Certified Dental Mechanics” and was introduced as a Private Bill, the first presented as a Government measure.

7. Bill, incorporating Dental Technicians:

(1) Defines a dental technician.

(2) Establishes a Dental Technicians Board, composed of the Director of Dental Health and four other members appointed by the Minister, two of whom shall be technicians registered under the Act and one a member of the Alberta Dental Association named by the Board of Directors of the Association.

(3) Provides that the Board may make regulations regarding registration, fees, qualifications for registration, examinations, training programs, discipline, investigation of complaints, suspension of those found guilty of misconduct and, in general, providing for the administration and regulations. Those persons registered under this may use the designation “Registered Dental Technician.”

8. The Act does not permit a person not a “dental technician” to work for two or more dentists unless these are operating a “group practice.”

9. The Act does not prohibit any person from working as the employee of a dentist performing, under supervision, any service of a kind ordinarily performed by a dental technician.

10. The Act provides for the registration of technicians already working at their craft and, further, states that the Lieutenant Governor in Council shall appoint an advisory committee and may prescribe its duties and functions which shall include a study of matters concerning the need and demand for denture services, related fact-finding and the planning and administration requirements of a dental health service in the province.

11. This Act is based on the Ontario Act and went into force on the day upon which it was assented to.

12. The Dental Mechanic’s Act, though assented to on April 12, 1961, does not come into force until July 1st.

13. The incorporating mechanics were loathe to forego the term "denturists" but finally conceded to change to "mechanics." In the 1958 session of the Alberta Legislature, a similar Bill was presented and was turned down in the Private Bills Committee. It had been hoped that the same fate would meet this one but, unfortunately, it did not. In effect, this Act permits anyone who can qualify under the Act — and that means anyone, whether experienced to the slightest degree or not — to work directly for the public in the fitting and construction of full dentures. It does not provide for any standards of training of the original members nor any standards of qualification for the future, though one section states that the Lieutenant Governor in Council *may* appoint a Board to be known as the Board of Examiners. It will be noted that the appointment of the Board is entirely optional, not in any sense imperative. If appointed, such a Board has the usual broad powers conferred on it. Then, peculiarly, the Act goes on to provide that the Board, if appointed, shall prescribe a program of training and study, evaluate the credentials of candidates for admission to practice, shall exempt from examination a candidate who, in the opinion of the Board, qualifies by reason of his training, experience and possesses the necessary qualifications, such qualifications being entirely at the discretion of the Board. This training program will be interesting to study.

14. The Act purports to require a certificate of oral health from a dentist or duly qualified medical practitioner but, strangely, provides no penalty for the lack of such a certificate.

15. The Act does further provide for a Council of Management which shall consist of such number of persons, including officers, as the Society shall enact from time to time. This Council has powers of discipline, such as suspending or expelling members for improper conduct or contravention of a by-law but only after a statutory declaration has been filed with the Society. The usual provisions for hearing such charges and appeal from judgment of the Society to the Supreme Court of Alberta are incorporated.

16. The Act stipulates that a certified mechanic shall provide only full upper and/or lower dentures and may use no designation nor advertising implying he is other than a dental mechanic.

17. As originally proposed, the mechanics bill was to be under the administration of the Department of Health but Dr. Ross, the Minister, stated in the Legislature that he was interested only in the dental health team and could not accept the mechanics bill under his jurisdiction, since he did not consider that these mechanics were rendering a health service. The mechanics bill was placed under the jurisdiction of the Minister of Labour.

18. During the hearing before the Private Bills Committee, presentations were made, opposing the principles of the mechanics bill, by the following:

(1) The Alberta Dental Association — Dr. L. K. Brooks

AUXILIARY SERVICES

- (2) The Faculty of Dentistry, University of Alberta — Dean H. R. MacLean.
 - (3) The Canadian Dental Association — Dr. Don W. Gullett
 - (4) On behalf of the rural dentists of the province — Dr. M. M. Woronuk
 - (5) Solicitor for the Alberta Dental Association — Mr. S. J. Helman
 - (6) The Alberta Dental Laboratory Association (the ethical technicians) — Mr. Wreford Johnston.
19. The solicitor for the mechanics society, Mr. Lucien Maynard, former Attorney General for the province, made the whole presentation for the mechanics. None of the mechanics was allowed on the stand.
20. During the submissions by the various individuals for the profession before the committee, a number of members of the committee took exception to certain statements made by the representatives of dentistry, claiming that these presented threats held over the heads of the members of the committee. The statements complained of were evidently purposely misconstrued in order to give certain members an opportunity to blast the profession, perhaps in an effort to justify their attitude in this matter.
21. There is a great deal of extraneous legal terminology in the Act but little actual meat beyond that quoted above. The implication is that a new professional organization is being established in a dignified manner. All this jargon undoubtedly had its effect on some of the legislators.
22. Copies of the Acts relating to both technicians and mechanics are on file.
23. In New Brunswick a recurrence of the effort by technicians to secure the right to practise dentistry took place. However the bill was withdrawn.

COMMENT AND ACTION

1. Noted.
- 2- 5. Information.

Organized dentistry in British Columbia has been faced with a difficult situation in respect to technicians for quite some time. The action of the College is to be commended. It has steadily tried to pursue a course of activity in the interests of the public and the profession and it is to be hoped that, whatever the government of the province may decide to do, it will recognize the sincerity of purpose of the dentists of that province.
- 6-17. Interesting information.

Effort was made by a responsible government official in conjunction with the Alberta Dental Association to cover the whole area of tech-

nicians by presenting a government sponsored bill patterned after a recognized workable act, satisfactorily functioning in another province. The Bill was acceptable to all of the ethical groups sincerely interested in the welfare of the public and the profession. However a private Bill was passed which is not acceptable to the Alberta Dental Association nor is it in keeping with the policy of the Canadian Dental Association. The Alberta Dental Association, in line with its previous concern, intends to make every effort to have this unsatisfactory measure corrected.

18. Noted. These men are to be commended for their sincere efforts.

19-23. Information.

The question of Auxiliary Services is one of the most pressing matters before the CDA at the present time.

This area of observation and study should be constantly under review, examination and projection. In an effort to keep the CDA informed of the actions by groups outside the profession, by governments of the different provinces and by professional organizations themselves, the Auxiliary Services Committee has always presented a splendid report of related activities which have been useful in helping to understand the trends that are taking shape.

Since auxiliary services are of vital concern at the present time it is requested that the Auxiliary Services Committee, in addition to the usual excellent report, prepare for the annual meeting a projection of its activities dealing with the role of auxiliaries, and, as auxiliaries are related to professional activity.

We recommend the adoption of the report.

APPROVED

CONSTITUTION & BY-LAWS

MEMBERS: *H. M. Cline, Chairman, Vancouver, B.C.; G. V. Fisk, Toronto, Ont.; K. M. Johnson, Winnipeg, Man.; A. G. Racey, Montreal, P.Q.*

REPORT

1. In view of the fact that the Board of Governors at their meeting did thoroughly overhaul the terms of reference of committees and the by-laws both constitutional and administrative; and did incorporate both the latter in one set of by-laws; the work of the Council on Constitution and By-laws has been very light.

2. The new set of by-laws and terms of reference were included in the transactions of the meeting held in Ottawa so that the members of the Association will be aware of the changes. The new by-laws and terms of reference will subsequently be contained in separate ready reference form.

3. The terms of reference of the Council on Public Health as presented to the last meeting and adopted by the Board of Governors were essentially the same as had been in effect for several years. These terms of reference have now been reviewed by the Executive, by the Council on Public Health and by the Council on Constitution and By-laws. New terms of reference are suggested. See Appendix A.

4. At the last meeting of the Board a resolution was presented that in effect suggested that the position of Acting Chairman of the meeting of the Board of Governors be created. This was referred to the Executive Council and the Council on Constitution and By-laws for further study. (See page 230, Transactions 1960).

I am informed the action of the Executive Council is represented by the following resolution adopted at the meeting in February, 1961:

"That, while recognizing the merit of the action suggested by the resolution of the Royal College of Dental Surgeons of Ontario (Transactions 1960:230) the Executive is of the opinion that the present size of the Canadian Dental Association Board of Governors does not warrant the appointment of a Chairman of the Board and therefore agrees that no such action be taken at the present time".

With this resolution the Council on Constitution and By-laws is in agreement. The following observation may be pertinent:

"The president's opportunity to comment comes in his own report. Also he may pass the gavel if he wishes in order to take part in any discussion before the Board. For a chairman to preside knowledgeably, he would have to attend Executive and other meetings of the Association".

5. Council on Journalism

Both the Council on Journalism and the Executive Council recommend that the third paragraph of Article IX, Section 4(d) be deleted. The paragraph reads:

“The Chairman shall present a financial statement for the current year and a budget for the ensuing year at the Annual Meetings of the Board of Governors.”

The Council on Constitution and By-laws agrees to this amendment.

Explanation: This action is in accordance with the newly adopted by-laws, bringing this council in line with all other councils of the Association. In addition, the amendment is in accordance with the advice of the auditors of the Association.

6. As has been customary in the past the fullest possible cooperation has been received from Dr. Gullett and the staff at Headquarters in considering the duties of this Council.

7. I wish to thank the members of my committee for their considered opinions on matters presented to them for attention.

Appendix A

**COUNCIL ON PUBLIC HEALTH
AMENDMENT TO BY-LAWS
TERMS OF REFERENCE**

The Council on Public Health shall consist of five members. The Chairman of each provincial Dental Public Health Committee shall be an advisory member.

The duties of the Council shall be:

1. To cooperate with recognized corresponding provincial committees.
2. To encourage and facilitate inter-provincial cooperation for the purpose of setting up and operating on a national basis dental public health programmes.
3. To cooperate with national agencies, including governmental, in programmes on dental public health.
4. To prepare scientifically sound health education materials in forms designed for effective use on a national scale and to offer advice concerning their use.
5. To take whatever action is indicated to provide a national dental health index.
6. To prepare, revise and recommend to the Board of Governors, policies planned in the light of current scientific, organizational and other developments having a bearing on the effective and adequate participation of the dental profession in public health.

COUNCIL ON PUBLIC HEALTH
TERMS OF REFERENCE (Presently in effect)

Council on Public Health shall consist of five members. Provincial chairmen may be advisory members.

The duties of the Council shall be:

1. To instruct the members of the profession in accepted dental health knowledge.
2. To instruct students, nurses and workers in other health professions in dental health.
3. To instruct lay groups and organizations in dental health information.
4. To prepare suitable lecture material, slides and films to assist the dentist in dental health presentations.
5. To cooperate with provincial dental boards.
6. To prepare pamphlets, charts, etc., for the information of the public in dental health.
7. To organize, plan and complete surveys in order to obtain reliable information on the needs of dental services.
8. To correlate the activities of the provincial committees in dental health projects.

COMMENT AND ACTION

1. Noted.
2. Approved.
3. Agreed.
4. Concur.
5. Concur.
6. Noted with pleasure.
7. Noted.

We commend the council for its concise and informative report and recommend its adoption.

APPROVED

MEMBERS: *F. A. Fernet, Chairman, Saskatoon, Sask.; A. Singer, F. R. Smith, L. D. Haselton, J. J. Schachter, B. J. Wall, P. Rabatich, J. W. MacKay, M. J. MacDonell, H. H. Cowburn, S. R. Gelmon, F. Bernbaum, A. C. Blue, Mrs. F. Smith, E. S. Shapera, W. T. Waite.*

REPORT

1. Annual Meeting

The Canadian Dental Association accepted the invitation extended by Saskatoon to hold its 1961 meeting in conjunction with the Western Canada Dental Society.

The Bessborough Hotel is to be the convention hotel, and the dates are June 4, 5, 6 and 7.

2. Board of Governors' Meeting

Arrangements have been made to have five salons available, as well as a small secretarial office. One will accommodate meetings up to 150, and the other salons should be suitable for the various committee meetings.

All are in the same wing on the same floor of the Bessborough Hotel, where accommodations have been reserved for the members of the Board of Governors.

3. Scientific Program

(a) It is hoped that the 1961 program will set a pattern for conventions. We have carefully arranged to have the subject matter of each essayist geared for the general practitioner, each well illustrated by lectures and slides.

- i A course in Oral Surgery (three 1¼ hr. sessions)
L. Bishop, D.D.S., F.A.C.D., Walnut Creek, California
- ii A course in Diagnosis and Dental Practice (three 1¼ hr. sessions)
Arthur Elfenbaum, D.D.S., Chicago
- iii A course in Prosthodontics (three 1¼ hr. sessions)
George Franklin McGee, D.D.S., San Francisco
- iv Grieve Memorial Lecture (1 hr. session)
Wendell Wylie, D.D.S., M.S., San Francisco
- v Scientific Displays and Demonstrations (3 hrs.)

(b) We have endeavoured to bring to the general practitioner a wide and comprehensive range of topics. The clinicians as much as possible are from our own Canadian universities or are affiliates to their faculties. In this way we hope to present the advances in thinking and methods of Canadian dentistry.

CONVENTION

Table No.

Subject of Clinic

1. Some Effective but Simple Orthodontic Technics.
2. Direct and Adequate Access to the Pulp Chamber and of the Root Canal Orifices.
3. Obliteration of the Root Canal.
4. Interceptive Orthodontics.
5. The Significance of Dental Care for the Cleft Palate Patient.
6. Temporo — Mandibular Joint Problems.
7. Class 5. Gold Foil Thiokol.
8. Fixed and Removable Temporary Splints.
9. Details of the Surgical Flap in Tooth Removal.
10. Fundamental Abutment Preparation in Crown and Bridge Construction.
11. Fundamental Abutment Preparation in Crown and Bridge Construction.
12. Fundamental Abutment Preparation in Crown and Bridge Construction.
13. Recent Endodontic Advances.
14. Recent Endodontic Advances.
15. Let's Take a Look at Denture Occlusions.
16. Let's Take a Look at Denture Occlusions.
17. Let's Take a Look at Denture Occlusions.
18. The Articulator — Mounting of Casts and Adjustments.
19. The Articulator — Mounting of Casts and Adjustments.
20. Pedodontics — Stainless Steel Crowns.
21. Pedodontics — Stainless Steel Crowns.
22. Space Loss in the Maxillary Posterior Quadrant.
23. Basic Principles in Simple Orthodontic Instruction.
24. Lingual Arch Space Retainer.
25. Amalgams.
26. Amalgams.
27. Dental Roentgenology.
28. An Appliance for Correction of Posterior Cross Bites.
29. A Proven One Appointment Technic for Treatment and Retention of the Putrescent Deciduous Molar.
30. Some Helpful Hints in Oral Surgery.
31. Tumors and Cysts of the Mandible and Maxilla.
32. Surgical Technic in Periodontal Therapy.
33. Rubber Dam Technic in Pedodontia.
34. A Series of Finished Orthodontic Cases.
35. Subperiosteal Mandibular Implant.

36. Dental Officers Role in Casualty Area during a National Emergency.
37. Fluoridation Statistical Data Derived from Brantford and Stratford Areas.

(c) Inasmuch as the Orthodontic Section is presenting a two day scientific session on June 5 and 6, they are also having:

- i A course in clinical orthodontics (four 2 hr. sessions)
Morrison Stoner, D.D.S., M.S., Indianapolis
- ii A lecture in cephalometrics for orthodontists (1¼ hr. lecture)
Wendell Wylie, D.D.S., M.S., San Francisco

4. Section Participation

(a) Each section recognized by the CDA was informed of the convention dates and invited to express any desires to participate.

(b) The Canadian Society of Oral Surgeons indicated the wish to have a Sunday business meeting and the request for accommodation has been noted and suitable arrangements made. They also plan a series of lectures following their meeting on Sunday.

(c) The Orthodontic Section asked for accommodations for a Sunday meeting, and accommodations for a two-day scientific session on Monday and Tuesday, June 5 and June 6. After consultation with Dr. Gullett, the convention committee agreed to try the plan this year. The orthodontists will register at the national convention, and will participate in any social or scientific sessions they wish. The convention will give them accommodation for their scientific program, providing general facilities and equipment (not specifically specialized orthodontic equipment). We will also be host to the Grieve Memorial lecturer for two days, June 5 and June 6, and give him the privileges of the convention if he so desires. Their essayists will also be extended the use of our host room during their stay.

5. Panel Discussion

In extending the time given to the essayists by 2¼ hours, and by allowing another hour for round table discussions, we were unable to give appropriate coverage to this worthwhile feature. Care should be given by future convention committees to include this type of discussion based on directives from CDA.

6. Scientific Display and Demonstrations

(a) The convention committee turned to the old-established form in clinical displays in order to achieve two goals: (1) To keep as large a group as possible of our Canadian dentists interested in the preparation and delivery of high calibre clinics. (2) The committee plans to have the convention body

CONVENTION

hold round table discussions following the Wednesday luncheon. Each group will have an essayist, clinician or faculty member as a moderator.

(b) The topics will be as widely ranged as possible, and plans are to advertise them in ample time to permit each dentist to select the subjects of choice.

(c) There will be two discussion periods, of 30 minutes' duration each. At the luncheon, each table will be numbered, and seating will be arranged by numbered tickets.

(d) This plan is based on the excellent results from a similar project at the Banff Convention of the WCDS in 1959. It is believed that this feature will present each dentist with the opportunity to actively participate in a stimulating and informed discussion.

7. Program

The scientific and social program has been planned as follows:

Sunday

June 4 Registration

Sunday evening Soirée — Bessborough Hotel

Monday

June 5 8 a.m. Registration
Adam Ballroom

- 8.30-9.00 Opening Ceremonies — Chairman Dr. S. R. Gelmon
(a) Opening Remarks
(b) Invocation, Dr. Garvin
(c) Greeting — Dr. J. P. Whyte, President, CDA and
Dr. W. K. Martin, President, WCDS
(d) Civic Greetings — Mayor Buckwold
(e) Convention Remarks, Dr. A. Fernet

9.00-10.20 Dr. George McGee — Prosthodontia
Chairman, Dr. J. Rumberg

10.30-11.50 Dr. A. Elfenbaum — Oral Diagnosis
Chairman, Dr. C. Spencer Lea

12.15- 2.30 CDA Luncheon — Banquet Room

2.30- 3.30 Grieve Memorial Lecture — Dr. Wendell Wylie
Chairman, Dr. J. J. Schachter

3.50- 5.00 Dr. L. Bishop — Oral Surgery
Chairman, Dr. R. E. Dickson

Exhibits all Day

7.00 p.m. Outdoor Barbecue and Hoedown
Transportation available

Tuesday

June 6

Adam Ballroom

9.00-10.15 Dr. G. McGee — Prosthodontia
Chairman, Dr. J. Rumberg

10.30-11.45 Dr. A. Elfenbaum — Oral Diagnosis
Chairman, Dr. C. Spencer Lea

12.00- 2.00 Mixed Luncheon
Host — Province of Saskatchewan
Speaker — Hon. T. C. Douglas, Premier of
Saskatchewan
Chairman — Hon. Walter Erb, Minister of Health

2.00- 5.00 Table Clinicians, Adam Ballroom

Exhibits all Day

6.00 p.m. Class Reunions
RCDC Reunion
Alumni Reunions

6.30 p.m. WCDS House of Delegates Dinner Meeting

Wednesday

June 7

9.00-10.15 Dr. L. Bishop — Oral Surgery
Chairman, Dr. R. E. Dickson

10.30-12.00 Dr. George McGee — Prosthodontia
Chairman, Dr. J. Rumberg

12.00- 1.30 WCDS Luncheon

1.30- 2.30 Round Table Discussions
Chairman, Dr. W. K. Martin, President WCDS

2.30- 3.40 Dr. A. Elfenbaum — Oral Diagnosis
Chairman, Dr. C. Spencer Lea

3.50- 5.00 Dr. L. Bishop — Oral Surgery
Chairman, Dr. R. E. Dickson

Exhibits all Day

6.00- 7.00 Cocktails — Ballroom

7.00- 9.00 President's Banquet

9.00-12.00 President's Ball

Golf: To be played at players' pleasure Sunday, Monday,
Tuesday and Wednesday. Arrangements, Dr. F. R.
Smith

The Monday evening barbeque is planned to be informal in dress
and character. Casual or western dress will be worn, and every
effort is being made to have the convention share our western
hospitality.

CONVENTION

8. Ladies' Program

Sunday

June 4 Evening Soirée — Bessborough Hotel

Monday

June 5 10.00 a.m. Coffee Party — Bessborough Hotel, Salon 5
Convenor — Mrs. F. A. Fernet

1.15 Luncheon

Convenor — Mrs. S. R. Gelmon

Followed by Fashion Show

Convenor — Mrs. J. J. Schacter

Evening — Barbeque and Hoedown

Tuesday

June 6 12.00 a.m. Mixed Luncheon — Bessborough Hotel

Host — Province of Saskatchewan

Speaker — T. C. Douglas

Evening Free

Wednesday

June 7 2.00 p.m. Tour of University or Western Development
Museum followed by tea.

Convenor — Mrs. V. Little

6.00 p.m. Cocktails — Bessborough Hotel

7.00 p.m. President's Ball

9-12 p.m. President's Ball

9. Commercial Exhibits

All available space for exhibits in the hotel was contracted for by April, 1960. Thirty-six exhibitors signified acceptance of booths at prices from \$150 - \$300 each, depending on size. The Hotel recently advised us of a change in policy, and will now charge \$165 daily for rental, which will still net the convention approximately \$5,200. One booth has been allocated to a local concern for dispensing beverages free to convention members. It was early policy of the committee that no carbonated beverages are to be dispensed at any time.

10. Housing

Accommodations are available at the Bessborough, Senator and King George Hotels and the Park Town Motel, all of which are in a close radius to the convention headquarters. Other motel accommodations are also reserved. The Board of Governors will be accommodated at the Bessborough Hotel.

11. Registration

Registration has been set at \$50 for each dentist, and the wives are to be registered free. It is thus hoped to have an increase in the attendance of the wives. It is our desire to have as large a pre-convention registration as possible and publicity will be given to this detail.

12. Publicity

This committee has made the following plans, in these various areas:

(a) Journal

- i One or more pages in each copy of the March, April and May issues.
- ii Block inserts and pictures of Saskatoon in issues beginning in January.
- iii A six page convention supplement in the April issue.

(b) Direct mailings to 6,000 dentists in Canada and 550 in north central United States, as follows:

- i C.D.A. — presidents invitation in March
- ii Western Canada Dental Society in February
- iii C.N.R. letter April
- iv T.C.A. letter in April

The above agencies will assume postage, printing and all mailing costs.

13. Dental Nurses' Meetings

A joint meeting of the Canadian Dental Nurses and Assistants Association in conjunction with the provincial body will be held at the same time as the C.D.A. convention. They are fortunate in that two of the essayists at the C.D.A. convention have expressed their willingness to also address this group. A full program is planned. The convention committee voted a sum of \$350 to assist them.

14. Post Convention Tours

Publicity was included regarding trips to Northern Saskatchewan, in various areas, for fishing or camera shooting. Provisions have been made to direct inquiries to commercial agencies ready to adequately handle these junkets.

15. Official Program

The committee felt that in order to have a high quality booklet, advertising must be sold in it to defray the cost. Eight hundred programs will be printed and the advertising will completely pay for the cost involved.

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16. Budget

Appears as appendix A to this report.

17. Grateful recognition is given to the invaluable help of Dr. Gullett and Ken Croft from C.D.A. headquarters, and Dr. J. Coupland and the 1960 convention committee. The enthusiasm, and willingness to work, shown by the convention committee, gives proof to the feeling that nothing is too difficult for a memorable and successful convention in Saskatoon in 1961.

Appendix A

1961 CONVENTION BUDGET

1.	Registration	\$ 100
	Badges — ribbons — folders — receipts — books — carde cards — envelopes — steno. — mimeograph — nurses' badges and exhibitors	300
2.	Clinicians' honoraria and expenses (travel, accommodation)	
	Essayist	3,000
	Table clinics	400
	Group clinicians	
	Grieve Memorial	
	Exhibitors	700
	Equipment and signs	800
3.	Local Transportation	100
	Barbecue	
4.	Host Committee	350
5.	Publicity	1,350
	Signs and Brochure — printing, mailing list	
	Press — entertainment and color slides	
6.	Reception Committee	1,000
	Hotel accommodation	
	Rooms, halls	
7.	Luncheons and Head Table	6,000
	Entertainment	
	Gratuities	
	Banquets	
	Flowers	
	Barbecue	
8.	Program (printed)	800

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9.	Ladies	
	C.D.A. ladies' committee	350
	Evening Musicale and Ladies Committee	1,000
10.	Dental Nurses	350
	Grant	
11.	Secretary Expenses	
	Printing Stationery, Stamps, Mimeo, telephones	900
	Annual Meeting — Life Membership	
12.	Treasurer's Bond	10
13.	Golf Prizes	100
14.	Art	150
15.	Auditor	150
	Total	<u>\$17,910</u>

Income

1.	Exhibitors	\$ 5,200
2.	Program (advertising)	800
3.	Golf Registration	
4.	Registration	11,500
	230 at \$50.00	
		<u>17,500</u>
5.	Advance Loan (C.D.A.)	250
		<u>17,750</u>
	Deficit	\$ 160

COMMENT AND ACTION

1. Informative.
2. Informative. The arrangements are excellent.
3. We commend the committee on their excellent and comprehensive program.
4. The Convention Committee is to be commended for its effort in arranging, at the request of the Orthodontic Section, suitable time and space to hold their sessions.

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Every effort should be made to encourage the other sections to meet with the parent body although many difficulties can be foreseen involving space and finances should all sections meet during the C.D.A. convention.

The policy being carried out at this convention is an interim policy of the Executive Council.

It is recommended that the Executive Council meet with representatives of the other sections for the purpose of working out a solution agreeable to all parties.

5. This matter has been dealt with in the Executive report, appendix A, resolution (d).
6. Informative.
7. Commendation.
8. Noted with commendation.
- 9-12. Informative.
13. We are happy to see these important people are encouraged to meet with us.
14. Noted.
15. Approved.
16. We approve with commendation.
17. Agreed.

We commend the Convention Committee and all those who participated on the excellence of their program and arrangements, and especially the weather.

We recommend the adoption of the report.

APPROVED

MEMBERS: *P. G. Anderson, Chairman, Willowdale, Ont.; E. S. Dorion, Montreal, P.Q.; W. R. Scott, Vancouver, B.C.; W. H. Macneil, Halifax, N.S.; L. Bernier, Quebec, P.Q.; W. G. McIntosh, Toronto, Ont.; W. J. Dunn, Toronto; H. W. Reid, Advisory, Toronto.*

REPORT

1. The Dental Services Committee meeting was held at the Canadian Dental Association Headquarters on April 13th and 14th, 1961.
2. The recommendations and comments on the committee's report to the Board of Governors last year were received and action taken where indicated.
3. Following the pattern of rotation in committee membership, two new members assisted greatly in our deliberation this year: Dr. Wm. G. McIntosh and Dr. Wesley J. Dunn. To Dr. T. R. Marshall and Dr. L. V. Janes, who have served on the committee for so many years, we are greatly indebted for their splendid contributions and able counsel.

4. Provincial Reports

(a) The year brought forth a considerable number of provincial reports. This was felt to be an indication of the interest being stimulated in the provinces, realizing that dental services are now coming under close observation by groups outside the profession as well as within.

(b) Having in mind the trends of events which are taking place in several areas, provincial dental groups are indeed aware of actions by legislative bodies which by our interpretations are not always in the best interests of professional service to the public. Professionally, it would be an unfortunate matter to lose any part of the valued judgments of accepted dentally trained minds to prescribe what is best for the public we have been trained to serve.

(c) The Board of Governors of CDA have studied, endorsed and approved principles which relate to dental services to the public. These actions have not been taken lightly but only after considerable thought, study and debate on broad levels and as basic principles for a projection of activities just as our forefathers in the profession attempted to plan for us. It is to be kept in mind that anything which would upset or undermine public confidence in our profession can only bring unfortunate consequences outside our control.

(d) The provincial reports are on file at the headquarters of the CDA for reference purposes.

5. Orthodontic Services

(a) As a result of action approved by the Board of Governors at the meeting in Halifax, 1959, the Ontario Society of Orthodontists were requested

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to make a study of all aspects of a plan to provide dental services to interested groups.

(b) This group has done a great amount of work on this project. Realizing the vastness of the problem, since so many of the young population are affected to a greater or lesser degree, the Orthodontic Society have endeavoured to make use of all research and statistical material to try and approach this national dental problem from a factual point of view. The solution is not simple. The first portion of the report appears as Appendix A and is included as part of this report.

(c) Further submissions will be made as the study progresses.

6. Fee Schedules

(a) As a result of the action approved by the Board of Governors at its last meeting a sub-committee was appointed to study the broad principles involved in the formation of a fee schedule and its relation to the profession and the extending of dental services to the public.

(b) This is not a small task. Studies of this nature have been carried on for years in some areas without arriving at a satisfactory conclusion. Several meetings of the sub-committee were scheduled during the year. It was necessary firstly to do a review of fees and fee schedules. This study pointed out that there was

- i absolutely no uniformity in fee schedules already set up.
- ii no consistency as to how fee schedules were arrived at.
- iii a very obvious recognition of the fact that the unbiased basic general principles for the establishment of a proper fee schedule had never been set up as a uniformly accepted standard.

(c) Dentists simply do not all agree as to how a fee schedule should be established or used. It is almost an unexplored field when one tries to determine the basic reasons of why the fee for one service is a stated amount and yet for another service which apparently would require an equal knowledge and skill, the fee would be a totally different amount.

(d) Of all situations studied, it appeared that some emphasis might be placed on the relationship of values in a fee schedule. Though there have been studies of the relative value fee schedule type there has appeared to be no reason whatsoever as to why the values for particular services were established on the basis which they were, other than a statistical breaking down of what was an already established value by custom or prolonged practice procedures, rather than by any attempt to analyze if these established relative values were fair or equitable.

(e) The sub-committee being unable to find answers to its many unanswered queries in the already published relative value studies is now turning to setting up its own projects for observation and study. The Dental Economics Committee of the British Columbia Dental Association is already supporting a "Work Measurement Survey" which it is hoped will provide some useful information in the early stages of this study.

7. Group Practice

(a) Another action approved by the Board of Governors of the CDA was the establishment of a sub-committee to study the economics and many other aspects of group practice and report back to the committee which in turn will report to the Board of Governors.

(b) Like that of the sub-committee on fee schedules, this is no small task. A sub-committee under the chairmanship of O. J. Yule has undertaken the work of making a study of available information on group practice. There are many aspects to this effort and in order to be able to put down some principles that may be fundamentally basic in nature it is necessary to carefully analyze the many ramifications of group practice as they are presently constituted. No formal report is being presented this year due to the great back log of material to be appraised before arriving at conclusions on the part of the committee.

(c) It is to be observed that in all the work of the sub-committees that consultants and others are asked to participate whenever the progress in the committee reaches a stage of development where it is considered helpful.

8. Recommended Minimum Salaries for Canadian Dentists

(a) The need for full time public health agencies is as acute as ever.

(b) Although there has been some upward trend in public health dentists' salaries, and while this might appear encouraging in relation to the 1956 figures, the increase has not kept pace with that in private practice across Canada. The limited range of salaries offers little incentive for trained people to remain in public service.

(c) The Dental Services Committee firmly believes that in order to attract a suitably qualified dentist to a position of salaried employment, remuneration should be based on:

- i the responsibility attached to the position
- ii the qualifications and length of training required for the position
- iii a reasonable relationship with the attractions of other areas of dental practice.

(See Appendix D)

9. Prepaid Dental Plans

(a) At the Board of Governors meeting in Halifax 1959 approval was given for a sub-committee to study all aspects of a plan to provide dental service to interested groups and prepared to recommend a plan for a pilot model of a prepaid service to the committee at its next meeting. This report was presented and approved by the Board of Governors at the meeting in Ottawa, September 1960.

(b) There exists some misunderstanding of the original intention behind the drafting of the model prepayment plan. It has been clear from the course

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of events here and in the United States that there is a growing demand for prepaid dental services. It has also been apparent that, if the profession wishes to retain control of the provision of dental services, then it must be prepared to meet this demand. The profession should not cede its responsibility in this area to insurance companies or government agencies or other groups but should be prepared to follow the lead of the medical profession in establishing non profit, financially self-sufficient, profession-sponsored plans.

(c) In discussing the desirability of establishing such a plan the Dental Services Committee considered and rejected the idea of a prepaid indemnity plan. This does not rule out the possibility of devising plans with deductibles and co-insurance features, but it is the opinion of the committee that a profession-sponsored plan should assure the people purchasing its protection of payment for all or a stated proportion of any cost they incur for the specified dental services covered by the plan.

(d) The committee never intended to suggest that any provincial body endeavour to market this plan without modification. It was drawn up only as an illustration of some factors (such as services to be insured, fees to be paid, probable volume of services required, etc.) which must be considered before such a plan can be offered to the public.

(e) The whole subject of prepaid dental services is a matter of much discussion, much variation of opinion and outlook, sometimes much too short a projection in terms of future action and reaction, and sometimes very sound principles of approach. Collectively, prepaid plans could constitute a new pattern of dental care. It is for this reason that only careful and detailed study and projected observation should be made in order that the new pattern be unobstructed in dental progress. (See appendix B, C.)

(f) Discussion of prepaid dental plans indicated that it would be desirable for the Dental Services Committee to review some aspects of the model plan as presented last year. The following resolution was approved:

Whereas the present model Plan for prepaid Dental Services approved by the Association does not appear to be a plan which is particularly attractive to potential participants, and

Whereas it is important that a workable prepayment plan be developed to encourage participation by provincial dental bodies, therefore be it

Resolved that the sub-committee responsible for the development of the existing Model Plan review the plan.

10. Dental Service Plans Incorporated

(a) As has been reported in earlier transactions of this Board, a federal charter creating Canadian Dental Service Plans Incorporated was recorded. The objects of the corporation were developed in agreement with principles

approved by the Board of Governors. DSPI briefly, is a dental service corporation which was established to provide or assist in administrative services relative to plans for dental care which have been approved by the participating provincial dental bodies. Policy remains the prerogative of the provincial body.

(b) Each provincial dental organization maintains complete control of all plans operating within its boundaries. No provincial body, large or small, can dictate or interfere through DSPI with the plans of other provinces. This important factor allows provincial autonomy necessary under our federated form of government. DSPI places the facilities of electronic accounting at the disposal of even the smallest dental organization at a very favourable cost.

11. The chairman wishes to record his thanks to all the members of the committee, to the Secretary and headquarters staff, to the Director of Economic Research, the provincial representatives and all those who participated in the discussions.

Appendix A.

ORTHODONTIC CARE IN A HEALTH INSURANCE PILOT PROJECT

This report has been prepared by the Ontario Society of Orthodontists and contained herein are special recommendations for Ontario that in some instances may not apply to other provinces. This report on "Orthodontic Care in a Health Insurance Pilot Project" has been accepted by the Ontario Society of Orthodontists' executive and provisionally accepted by the Canadian Orthodontic Section.

The report is to be considered as the first part of a total report and refers to health insurance only. The enormity of the orthodontic problem leads us to point out that an enlarged, coordinated public health educational program in the prevention and interception of malocclusion must be undertaken.

It must be kept in mind that there are two broad divisions of malocclusion:

1. Those cases of a simple nature involving minor displacement of some teeth. Some may be corrected without prolonged treatment, some are preventable and others because they do not spoil the appearance or injure the health in any way, will not require treatment.
2. Those cases of a severe nature which may be called handicapping deformities requiring major orthodontic treatment.

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This latter group is the object of our immediate concern and for which this report has been prepared.

It should be noted at this time that all accredited dental schools on this continent, which have graduate departments in orthodontics, have set forth certain common standards of acceptable major corrective orthodontic therapy. Those men seeking certification in this province as specialists must meet minimum requirements in terms of length of study in a graduate program of one of these schools.

Principles of Operation

A The Dental Services Board

It is recommended that for the provinces where the orthodontic population is very small, that the Board have available an orthodontic consultant. Ontario is blessed with a comparatively large number of orthodontists, who are represented by the Ontario Society of Orthodontists. It is recommended that for that portion of the Ontario board which is to be elected, a vote for one board member among orthodontists only be permitted. Thus a member of our specialty will always be on the board. This method of guaranteeing representation of the major specialties will permit more enlightened policy discussions and have a beneficial effect on the services rendered.

B Freedom of Choice

The patient should have the opportunity of selecting the orthodontist of his choice.

C Priority of Classes of Malocclusion to be Included in Plan

1. Those cases arising as a result of congenital defects or accidents.
2. Those cases arising as a result of environmental factors.
3. Those cases arising as a result of neglect.

D At the start of the plan those to receive care will be:

1. All those in category C.1. under 16 years of age.

Depending on progress of our investigation and commencement date of the plan

2. A program of prevention may be ready to operate for those children under 4 years.

E All participants in the plan within the age-group that could receive orthodontic care to be surveyed initially

- (a) for records
- (b) for preventive program

F Records. A regular record system should be maintained for each potential orthodontic patient for

- (a) research findings
- (b) preventive clerical records

G Fee for treatment depending on local circumstances will necessarily vary because of such factors as cost of living and cost of practice. In any one area such costs might increase from year to year so that scale of insurance payments would need to be reassessed periodically.

H Cooperation. To ensure optimal results in treatment in this plan and to preserve the integrity of the individuals concerned, the fullest cooperation of all those participating must be had. The failure of one or more parties to cooperate in any aspect would require immediate termination of the plan or treatment.

I Liability of Patient. It has been well established that when the patient has no financial responsibility, his cooperation and appreciation for the work done is poor. Some system must be built into the plan to ensure that the best cooperation is obtained.

J Annual Review of Orthodontists participating in the plan.

K Public Health Preventive Educational Program. Treatment will have to be integrated with an educational preventive program to reduce the incidence of malocclusion. A reduction in the incidence of malocclusion will permit, with the limited number of orthodontists available, a progressively larger number of the classes of malocclusion to receive major corrective treatment.

This educational program should make use of such personnel as 1) public health hygienists for education of lay groups, 2) secretaries for the filing of records.

This educational program is to also include an expanded short course program for general practitioners to be prepared with the cooperation of the Faculty of Dentistry.

Full cooperation of physicians in dealing with

- (1) Nursing of infants (to prevent sucking habit)
- (2) Developmental phases of feeding in the first three years, will round out this educational program.

The limited number of Orthodontists could not begin to treat a large number of patients in a health insurance scheme as well as care for regular patients who normally seek treatment. However, it should be possible for us to plan for treatment of those cases falling in classification C.1. above when we consider that the number of major corrective treatment cases in this category in one year in Canada, of age group 3 to 16, would approximate 350-400. The incidence is 3 in 1600, if the incidence of cleft palate is 1 in 800 and of others 1 in 1600.

PREPAID DENTAL PLANS AND PUBLIC ATTITUDES TOWARD THEM IN THE UNITED STATES

In its final report, the Commission on the Survey of Dentistry in the United States estimated that by 1960 about 130 dental care plans were operating in the U.S.¹ More than 60 of these have been established within the last ten years.

"About 75 of the 130 plans now operating can be described as offering regular benefits. Over 50 of these are new plans, established within the past decade. The remaining 55 offer only limited dental benefits but only 10 of these have been established since 1950. Approximately 600,000 persons are covered under regular plans and 400,000 under limited plans While this represents only 6 out of every 1,000 persons in the population, it is double the number who had any form of protection even as recently as 1955 47 of the regular plans are sponsored either by a union or by a union and employer jointly. These account for about 321,000 participants, or about 57 per cent of the total covered by regular plans."²

As part of the Survey of Dentistry, the National Opinion Research Center of Chicago prepared a report on public attitudes toward dental prepayment plans. The report³ is based on a national survey of 1862 adults.

Forty-two per cent of all persons interviewed said that they thought some kind of dental insurance to cover **all** family dental expenses would be a good idea. Those who felt they would be just as well off without insurance thought that the cost of such insurance would be more than they were now paying for dental care.

When asked whether they would rather have dental care as a fringe benefit or get the equivalent wage increase in cash, 38 per cent of the respondents favoured dental care and 53 per cent the cash increase. The major reasons for wanting dental care as a fringe benefit were that they would be sure of getting necessary care and that the payments would be regular and automatically deducted. Those who favoured a cash increase preferred to control their own money and felt that their dental needs were not very great.

Twenty-six per cent of all respondents said they would be willing to pay to have their mouths put in shape as a prerequisite of eligibility for insurance, but only 22 per cent replied that they would want dental insurance if their dentist did not participate in the plan.

(1) Commission on the Survey of Dentistry in the United States, *The Survey of Dentistry*, Page 69.

(2) *Ibid.*, Page 69-70.

(3) Kriesberg and Treiman, *Public Attitudes Toward Prepaid Dental Care Plans*, October, 1960.

Sixteen per cent of the people said they would be willing to pay between \$36 and \$55 a year for dental insurance for themselves, 12 per cent would pay that much for their spouse, and 11 per cent would pay it for each child.

More people were in favour of already established dental care plans especially if these were supported by the employer (58 per cent). Under an established, employer-supported plan, 36 per cent said they would use the plan even though treatment could only be obtained at a clinic. It was noted that, "unwillingness to use an established plan if it is necessary to go to a clinic seems more related to a concern with a sound patient-dentist relationship rather than to a concern that the dental work will be of poor quality; but the most important factor seems to be loyalty to one's present dentist".⁴

The more dental care respondents think they need, the more they like the idea of dental insurance. The survey reports, "There does not seem to be any clear-cut relationship between family income and attitudes toward dental insurance. If there is any direction to the relationship, it seems that persons with higher incomes are more likely to think that dental insurance is a good idea than are persons with lower incomes. The relationship between income and attitudes toward dental care as a fringe benefit is also not clear, but the direction seems opposite to what appears to be true in the case of dental insurance. Persons with higher incomes are more likely than persons with lower incomes to say they would rather get the entire wage increase in cash than partly in the form of some dental care."⁵ It appears that people with higher incomes are more likely to want to control their own money.

The higher a person's income the more willing he is to have his mouth put in shape as a condition of joining the plan; however, he is less likely to get insurance if that limits his choice of dentist.

Three hundred and fifty people thought group practice was not a good idea while 588 approved of it. When questioned about the advantages and disadvantages of group practice, the respondents who did not like the group practice idea explained their feeling in terms of the dentist-patient relationship; also they thought that dentists in individual practices gave better service. Those who favoured group practice emphasized the ability of groups of dentists to consult one another and to specialize. They felt that a dentist would always be available and that fees would be lower. The following is a table showing the preference for group practice under various group arrangements.⁶

(4) *Ibid.*, Page 29.

(5) *Ibid.*, Page 51.

(6) *Ibid.*, Page 74.

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Type of Group Practice	Per Cent of Respondents preferring Group Practice
	%
all general practitioners and choice of dentist	24
all general practitioners and no choice of dentist	10
some specialists and choice of general practitioner	44
all specialists and no choice of dentist	47

The only factor which seems to be related to a respondent's willingness to pay between \$36 and \$55 a year per person for dental insurance is the number of dependents in the family. The respondent's income is not related to his willingness to pay. Premiums would probably be more attractive if set for single persons and for families.

Having studied attitudes to dental insurance in relation to geographic region, city size, occupation and industry, and union membership, the report concluded that the people most interested in dental care plans were manual workers in large scale industries who are union members. It notes that the current growth in dental plans has been greatest among this group.

PREFERENCES FOR INDIVIDUAL PRACTICE VERSUS GROUP PRACTICE UNDER VARIOUS GROUP ARRANGEMENTS

Preferences	Type of Group Practice			
	All General Practitioners and Choice of Dentist ^a	All General Practitioners and No Choice of Dentist ^b	Some Specialists and Choice of General Practitioner ^c	All Specialists and No Choice of Dentist ^d
Prefer group	24	10	44	47
Prefer individual	47	72	37	37
No difference	26	15	15	12
Don't know	3	3	4	4
Total per cent	100	100	100	100
Number	(1,844)	(1,803)	(1,828)	(1,807)

^aMore fully stated as: "First, suppose all the dentists in a group practice are general practitioners and the patient can choose one dentist from among several in the group to do all of his dental work."

^bMore fully stated as: "What if all the dentists are general practitioners and the patient is treated by *whichever* dentist is available when the patient comes in."

^cMore fully stated as: "Suppose that most work is done by *one* general practitioner the patient chooses from the group and some work is done by dental *specialists* in the group."

^dMore fully stated as: "And now suppose that all the dental work is divided among the dental specialists in the group. The patient is treated by *whichever specialist* takes care of the kind of dental problem the patient has."

DENTISTS' SUPPLY COMPANY'S PILOT PLAN FOR PREPAID DENTAL CARE

In August 1959, the Dentists' Supply Company of York, Pennsylvania and Continental Casualty launched a plan whereby all employees of Dentists' Supply had their dental needs insured.

The Dentists' Supply Company was the originator of this plan. The company knew that a pilot plan would be necessary before sufficient and reliable statistics on incidence, utilization and cost of dental care could be determined. Having obtained assurance of A.D.A. co-operation, they tried to interest an insurance company in their idea. Several large companies were reluctant to tackle the problem of administering a comprehensive dental insurance plan.

To be insurable, a risk should be unpredictable for the individual but predictable for the group. If individuals received regular and complete dental care, their dental needs would not be insurable because they would have a good idea of the cost and frequency of their dental treatment; they would be unwilling to buy dental insurance if the annual premiums were more than the annual cost of their dental care. Generally, very few people receive regular and complete dental care. This fact convinced the Continental Casualty Company that dental needs were insurable and they agreed to participate in the plan. Mr. Lee Farmer, a vice-president of the company, writes, "Neglect of dental health greatly reduces the predictability of the point at which the individual will seek dental care. The accumulation of dental needs culminates for most people in serious and acute conditions . . . The timing of these occurrences is not predictable for the individual, but is predictable and therefore insurable, for a large group."¹

The Continental plan is actuarially based on a combination of the incidence of dental need and the habits of people in meeting these needs.

Officials of the Dentists' Supply Company, the A.D.A., and Continental Casualty met in January 1959. There followed seven months of intensive planning. Eventually, Dentists' Supply Company signed a three year contract with Continental in which they agreed to underwrite the entire cost of the plan and guaranteed the insurance company \$500,000.

The three most noteworthy features of this plan were:

- (1) it covered every phase of dentistry;
- (2) it preserved the patient's right to choose his own dentist;
- (3) it had no fee schedule.

(1) Lee R. Farmer, "The First Year's Experience with Dental Insurance: Dental Care Coverage Administered by an Insurance Company", *Journal of the American Dental Association*, February, 1961, Vol. 62, No. 2, Page 200.

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Accumulated dental needs did not have to be met before the employees became eligible for the plan; the insurance company considered such a stipulation impractical for a large scale programme. The employees paid no premiums but paid deductibles and co-insurance.

The plan now covers 2500 persons. During the first year of operation, about 1500 bills from 94 of the 100 dentists in York were received. The expected rush for service once the plan was in operation never occurred. Only one-half of all eligible participants received any care in the first year.

The percentage utilization was as follows:

children	55 %
employees	50 %
spouses	46 %

The dentists reported that they had new patients as a result of the plan but that beneficiaries seemed willing to avail themselves of more comprehensive and higher quality care than previously — particularly in preventive and prosthetic dentistry. There was a greater tendency to have gold inlays rather than amalgam fillings and fixed bridges rather than partial dentures.

The total per capita expenditure for those eligible for insurance benefits was \$34. This is more than three times the U.S. per capita average of \$9.76.

The insurance company thinks **tentatively** that they will be able to offer dental insurance to **comparable** groups for something less than \$100 per annum per family.

The only objection of the York dentists to the plan seems to be that there is too much paper work required. One dentist reported, “The dentist-patient relationship is greatly improved because the financial problem is greatly reduced.”²

Details of the Dentists’ Supply Company’s Pilot Programme for Pre-paid Dental Care

....

After ninety days employment with Dentists’ Supply, employees become eligible for the following services.

1. One examination (including x-rays if necessary) and one prophylaxis per annum are provided free.
2. Eighty per cent of the “reasonable expense” for the treatment of any dental disease, defect or injury recommended on a treatment plan is paid after the patient had paid a \$25 deductible in the initial year of coverage and a \$10 deductible in each following year. If there are more than three members in a family, the company applies only three deductible amounts. The plan will not pay for any services covered under other insurance or government plans and payments are subject

(2) R. F. Spangler, “The Dentist-Relationship”, *J.A.D.A.*, February 1961, Page 207.

to a maximum of \$200 for an individual or \$500 for a family in the first year, \$300 and \$750 in the second and \$400 and \$1000 in the third year. "Reasonable expense" is the usual and customary fee or charge for the services rendered and supplies furnished in the area where such services are rendered or such supplies furnished. That is, Continental Casualty does not have a fee schedule but pays according to the dentist's usual fees.

3. Orthodontic treatment is subject to an additional annual deductible of \$50 and benefits cannot exceed the individual or family maximum for any one year or \$400 for each period of orthodontic treatment regardless of the number of policy years through which such period of treatment continues. Successive periods of orthodontic treatment are covered if separated by at least three years.
4. Fees for dental replacements over and above the first \$50 charged by the dentist are covered subject to a two year waiting period for the first replacement and three years between the subsequent replacements. Loss or theft of dentures are not covered.
The following services are excluded:
 1. cosmetic dentistry
 2. losses as a result of war
 3. disease, defects, or injury as a result of occupation or employment.

References

1. The Dentists' Supply Company of New York, **A Comprehensive Dental Health Plan.**
2. U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Dental Resources, **Digest of Pre Paid Plans, 1960.**
3. "Dental Care Coverage Administered by an Insurance Company: a symposium," **Journal of the American Dental Association**, February 1961, Vol. 62, No. 2, Page 194.
4. **Public Health Economics**, January 1961, Page 21.

Appendix D

RECOMMENDED MINIMUM SALARIES FOR CANADIAN DENTISTS

In August 1960, the Canadian Journal of Public Health published, the fourth revision of **Recommended Qualification Requirements and Minimum Salaries for Public Health Personnel in Canada.** This report was prepared

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by the Canadian Public Health Association's Committee on Salaries and Qualifications of Public Health Personnel from data collected from official public health agencies in 1959.

The report states,¹ "Salaries that are suggested for the various groups are considered to be the minimum salary that should be used for that particular position or grade anywhere in Canada. Areas or provinces that have a generally higher economic status should make an upward adjustment of these suggested minima. These recommendations are proposed as a basis or guide to authorities in the preparation of salary classifications and schedules. The recommendations do not include cost-of-living bonus, car allowance, etc."

DENTISTS IN PUBLIC HEALTH AGENCIES

The need for full-time dentists in public health agencies is as acute as ever. Although there has been some upward trend in public health dentists' salaries, and while this might appear encouraging in relation to the 1956 figures, the increase has not kept pace with that in private practice across Canada. Here again, the limited range of salaries offers little incentive for trained people to remain in public service.

Group I

DUTIES: This group includes such positions as staff dentist carrying out a dental treatment program in a public health agency.

QUALIFICATIONS: Graduation in dentistry from an approved university. Basic MINIMUM Salary \$7,000 plus an annual increment of at least \$300 to a maximum salary comparable to that obtainable in professional positions with similar responsibility in the same region.

Group II

DUTIES: This group includes such positions as Director of Dental Public Health in a health unit of a city with population up to 100,000, or Assistant Director in a city with population over 100,000.

QUALIFICATIONS: In addition to qualifications of Group I, a diploma or degree in dental public health from an approved university.

Basic MINIMUM Salary \$8,750 plus an annual increment of \$300 to a maximum salary comparable to that obtainable in professional positions with similar responsibility in the same region.

(1) "Report on the Qualifications, Requirements and Minimum Salaries for Public Health Personnel in Canada" (Fourth Revision), *C.J.P.H.*, Vol. 51 Aug. 1960, No. 8, p. 312.

Group III

DUTIES: This group includes such positions as Director of Dental Public Health of a city with population over 100,000, regional director of a group of health units, assistant director on the provincial or federal level, or senior specialist.

QUALIFICATIONS: In addition to qualifications for Group II, at least three years' administrative experience in dental health services or graduation in a recognized specialty other than, or in addition to, public health.

Basic MINIMUM Salary \$10,750 plus an annual increment of \$500 to a maximum salary comparable to that obtainable in professional positions with similar responsibility in the same region.

Group IV

DUTIES: This group includes such positions as Director of Dental Services of a Division on the federal or provincial level.

QUALIFICATIONS: In addition to the qualifications of Group III a total of at least five years' experience in dental health services and proven professional ability.

Basic MINIMUM Salary \$13,000 plus an annual increment of \$500 to a maximum salary comparable to that obtainable in professional positions with similar responsibility in the same region.

Minimum and Maximum Salaries, Dentists Employed Full-time
by Public Health Agencies

Amount	Directors of Division or Service		Assistant Dentists	
	Minimum	Maximum	Minimum	Maximum
\$ 5,001- 5,500	1	-	11	-
5,501- 6,000	1	-	4	11
6,001- 7,000	6	1	33	6
7,001- 8,000	9	9	33	26
8,001- 9,000	7	5	17	37
9,001-10,000	4	9	-	4
10,001-11,000	3	4	-	14
11,001-12,000	-	2	-	-
12,001-13,000	-	1	-	-
TOTAL	31	31	98	98

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COMMENT AND ACTION

- 1-5. Information.
6. (a) Information.
(b) Noted.
(c) Information.
(d) Information.
(e) Noted with interest.
7. (a) Noted.
(b) Noted.
(c) Information.
8. (a) Noted.
(b) Information.
(c) Agreed.
9. (a) (b) Information.
(c) (d) (e) Noted.
(f) Concur.
10. Noted as information.
11. Noted.

The Dental Services Committee is to be highly commended for their splendid work and also their report.

We recommend the adoption of the report.

APPROVED

After considerable discussion, the following motion from the floor was presented and approved:

Motion: Langlois - Keenan

That the policy statement — Projection of Dental Services in Canada, number two — main objectives, be changed to read:

2. Main objective of new policy

To meet the demands of the public for dental services, by providing more good dental services to more people in a manner which is fair and equitable both to the one who receives the service and the one who provides it.

APPROVED

EXECUTIVE: *D. R. Anderson, Honorary President, Toronto, Ont.; P. E. Currie, President, London, Ont.; C. D. Beierl, President-elect, Toronto; G. Clark, Vice-President, Hamilton, Ont.; D. L. Rife, Secretary-Treasurer-Historian, Toronto.*

REPORT

1. As reported to the Board in September, 1960, the current membership remains at 206, with a large majority engaged in general practice.

2. One full Council meeting and many Executive meetings were held during the year.

3. On February 19, 1961 the Council unanimously endorsed the following resolution:

Whereas this Council has long recognized the need for a truly national representation in the Canadian Society for Children, and

Whereas this Council is composed of Ontario members only, and

Whereas the President and Secretary have effected changes in the Constitution and By-Laws which they hope, with possible amendments, will be generally suitable for constituent Chapters, and

Whereas provision is made in the revised Constitution for representation from the Alberta Chapter and any future Chapters on a National Executive Council therefore be it

Resolved that this Council approves in principle this revised Constitution and By-Laws and, further be it

Resolved that the necessary approval of the Alberta Chapter, the membership at large and the Canadian Dental Association be requested.

4. The President will attend the C.D.A. Convention in Saskatoon and will hold an organizational meeting in the Bessborough Hotel on June 4th for the purpose of discussing with interested persons the formation of a Saskatchewan - Manitoba Chapter of the C.S.D.C.

5. The Annual Meeting was held at the King Edward Hotel, Toronto, on May 20, 1961.

6. Dr. Bohdan Kuzyk of Edmonton was elected President of the Alberta Chapter at a semi-annual meeting in Red Deer.

7. The successful culmination of the constitutional changes described in paragraph 3 could involve the formation of a new National Executive for 1961-62.

COMMENT AND ACTION

1. It is to be hoped that total membership will increase and greater geographical coverage be attained.
2. Noted.
3. We wish the Canadian Society of Dentistry for Children every success in their goal and trust that this revision of their constitution and by-laws will be of very definite assistance in this regard. The amended constitution and by-laws of the Canadian Society of Dentistry for Children have been reviewed and are recommended for approval in principle by the Board of Governors but it is suggested they be considered in detail by the Executive Council and then by the Council on Constitution and By-laws. (Publication in Transactions will follow after this consideration is reported to and approved by the Board.)
5. Noted with interest.
- 6-7. Noted.

We recommend adoption of the Report of the Canadian Society of Dentistry for Children.

APPROVED

REPORT

1. Since the last meeting of the Board of Governors in September 1960, the Bureau of Economic Research has undertaken several regular and special projects.

2. The following reports were prepared and presented to committees of the Canadian Dental Association:

(a) a report on the uses of statistical data on dentists and a review of the C.D.A. model plan for the Secretaries' Conference;

(b) a report on the progress of the provincial dental surveys to the Council on Public Health;

(c) the Dental Students' Register and a progress report on the costs of becoming a dentist to the Council on Education;

(d) reports on U.S. dental prepayment plans, the B.C. work measurement survey, and auxiliary services for the Dental Services Committee.

3. The Director prepared the original draft of the submission of the College of Dental Surgeons of Saskatchewan to the Advisory Planning Committee on Medical Care and was present at the College's presentation before the committee.

4. The cooperation of the provincial governments in supplying the Bureau with information on the longevity and mortality of dentists has been very much appreciated. Saskatchewan was the only province which refused to provide the ages and causes of death of dentists who died in the province during 1960.

5. The Director assisted in the preparation of a questionnaire to survey the profession on its attitudes to recruitment and she has supervised the coding and tabulation of the data collected in the survey.

6. The Bureau has given whatever assistance was possible to the British Columbia and Alberta associations in their endeavours to establish prepayment plans and to other organizations and individuals requesting statistical information on dental services and personnel.

7. The following articles have been presented as Bureau of Economic Research reports in the C.D.A. Journal.

Average Income of Dentists, 1958

Dental Students' Register, 1960-1961

Dentists in Canada, 1961

Fluoridation in Canada, 1961

BUREAU OF ECONOMIC RESEARCH

Future Program of the Bureau

8. The study on the costs of becoming a dentist will be continued and will be supplemented by a survey of recent graduates to determine the costs of establishing a practice.

9. The Bureau has taken over the preparation of the annual statistical report on dentists in Canada. It is hoped that this report can be expanded in the future to include more detailed information such as distributions by age and geographic location.

10. A university student has been hired for the summer months to code the association's biographical data cards. This is the first step toward the objective of having this information in such a form that comprehensive inventories of dental personnel can be prepared for regular publication and for special presentations.

11. Now that the Dental Students' Register has become a responsibility of the Bureau, the form for collecting this information is being revised to include more information on students, graduates, and costs of education.

COMMENT AND ACTION

1. Noted.
2. Information.
3. We commend the Director of Economic Research for the excellence of the work provided in the report to the Saskatchewan advisory planning committee.
4. That the registrar of the Province of Saskatchewan provide this information if possible.
5. Noted with interest.
6. Information.
7. Noted with interest and commendation.
8. Noted.
9. Noted with interest.
- 10-11. Information.

Congratulations should be extended to the Director of the Bureau of Economic Research for the excellence of this report and for the prodigious amount of work revealed in its content.

We recommend the adoption of the report.

APPROVED

MEMBERS: *J. D. McLean, Chairman, Halifax, N.S.; J. P. Lussier, Montreal, P.Q.; T. J. Cooke, Winnipeg, Man.; Carl Dexter, Halifax; H. W. Reid, Toronto, Ont.; H. R. MacLean, Edmonton, Alta.*

REPORT

1. The Council on Education of the Canadian Dental Association met at Headquarters on Thursday and Friday, March 23rd and 24th, 1961. Those in attendance were: J. P. Lussier, Montreal; T. J. Cooke, Winnipeg; C. E. Dexter, Halifax; H. W. Reid, Toronto; H. R. MacLean, Edmonton; J. McCutcheon, Montreal; J. W. Neilson, Winnipeg; A. C. Lewis, Adviser, Toronto; F. H. Compton, C.D.A.; D. W. Gullett, C.D.A.; K. L. Croft, C.D.A.; B. I. Boyd, C.D.A.; and the Chairman, J. D. McLean, Halifax. As noted later, other persons were present by invitation at part of the session.

2. Dean H. R. MacLean of Edmonton was welcomed as a new member of Council. It was with regret that the Chairman announced the resignation of Dr. J. B. O'Brien, who found it necessary to retire from the Council and the National Recruitment Committee for reasons of health. The Council directed that an appropriate message of appreciation and good wishes be sent to Dr. O'Brien.

3. Dr. Carl E. Dexter was welcomed to membership on the Council as the interim member appointed by the President of the Association, to complete the term of Dr. O'Brien.

4. The regrets of Dean Ellis, who was unable to attend the Council meeting because of an unexpected trip to Australia, were expressed by the Chairman, and Council noted that it would miss Dean Ellis' valued contribution.

5. Dental Students' Register

Consideration was given to the students' register for the current session, as presented by Miss Boyd. Suggestions were made for a revision of the form to provide more meaningful information on certain subjects.

6. National Recruitment Committee

As directed by the Board of Governors at its last meeting, the Council established a National Recruitment Committee, which met in early January. In establishing membership on the committee, consideration was given to geographic representation from the four western provinces, Ontario, Quebec, the Atlantic region, and representation from the dental schools. The members of the committee are Dr. R. R. McIntyre, Calgary; Dr. John Chamard, Montreal; Dr. J. B. O'Brien, Saint John; Dr. R. G. Ellis, University of Toronto; and Dr. W. J. Dunn, Toronto, as Chairman.

7. Dr. Dunn personally presented to the Council a report of the activities of the National Recruitment Committee, which is attached for your informa-

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tion, as Appendix A. The Council reviewed the report paragraph by paragraph and the following adopted motions summarize the discussions:

Motion: "That the Recruitment Committee be authorized to request a consultant to act with them from the Dental Hygienists' group and from the Canadian Section of the American Dental Trade Association";

Motion: "That the Chairman of Council and the Chairman of the Sub-committee on Recruitment be authorized to appoint a new member in replacement of Dr. O'Brien".

Subsequently, the Chairman of Council in consultation with the Chairman of the National Recruitment Committee appointed Dr. D. C. Steeves of Moncton, New Brunswick, to act in Dr. O'Brien's place.

Motion: "That the Council on Education express its appreciation to Dr. Dunn and the committee on recruitment for its energetic and comprehensive approach to problems of recruitment".

The report of the National Recruitment Committee was approved following slight amendment to the budget.

8. Cost of Becoming a Dentist

As requested by the Council last year, the Director of Economic Research presented a progress report on this subject. It became readily apparent that most other professions also lack detailed information, and that it will take some time to prepare the final report.

9. Aptitude Testing

Professor John Flowers of the Ontario College of Education reported personally on the aptitude testing program being carried out at the Faculty of Dentistry, University of Toronto, in cooperation with the Ontario College of Education. The students whose progress has been followed are now in the graduating year, and the final report may be expected for the next meeting of the Council.

10. One preliminary conclusion of the group is that academic achievement and clinical work are the best predictors of performance. This suggests that a technique course taught early might help students to see their own technical weaknesses. At the moment, it appears that senior matriculation grades in physics and chemistry are best predictors of academic achievement, and that trigonometry is best but not completely adequate for predicting technical skill. Dr. Grainger of the Faculty of Dentistry, University of Toronto, is trying to develop a test of technical skill.

11. The Council expressed its appreciation for the excellent efforts of Dr. Jackson and his associates at the Ontario College of Education, and to Dr. Grainger for their work.

12. Survey of Schools 1960 - 61

As directed by the Council last year, the Survey Committee, under the Chairmanship of Dr. A. C. Lewis, visited each of the Canadian schools of dentistry during the fall and spring terms. A report of the committee as presented by Dr. Lewis is attached as Appendix B.

13. A supplementary statement was prepared and presented by Dr. H. W. Reid, as follows:

“Terrific changes have taken place since the first survey ten years ago and the two subsequent surveys. There are four completely new buildings, one new clinic area and complete renovation and new outfitting of the remaining two areas. The physical facilities used in the teaching of dentistry in Canada are the very finest. There has been a great increase in the number of full-time personnel and in the scholarship of those teaching dental students. The standards for entrance have been rigidly observed and in most schools the enrolment has been increased, in some, quite substantially.

On the whole, those graduating from the dental schools of Canada are exceedingly well trained and capable of giving first rate service to the people of Canada. There are, however, some weak areas in the programs of the schools and these have been pointed out to the president and dean by the survey team in their confidential report to each school. Recognizing the difficulty of securing suitable personnel and the possibility of having to train them and that it takes time, the survey team recommends that a definite and stated period determined by the Council be allowed for the schools to correct these weak areas. If satisfactory action has not been taken at the expiration of this period, the survey team is prepared to recommend to the Council on Education that approval be withdrawn from those schools offending.”

14. In order that the Council members might be more fully informed of the survey results, the committee was requested to present more detailed information on a confidential basis. This information was presented in such a fashion that the individual schools could not readily be identified, and the material was withdrawn and destroyed at the end of the meeting.

15. It has been Council policy to conduct a full-scale survey of the Canadian schools each five years, although it was pointed out that circumstances might warrant such a survey either more often or less frequently. Acting on the report and subsequent discussion, the following resolution was passed:

“That Council, acting on advice of the survey team, determine a reasonable time for a re-assessment of any school before the regular survey period.”

16. Concerning the new school at the University of Manitoba, the following resolutions were adopted:

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“That the program of the Faculty of Dentistry, University of Manitoba, up to and including the third year, be approved.”

“That the survey committee visit the Faculty of Dentistry, University of Manitoba, prior to the 1962 meeting of the Council for the purpose of assessing the full program of the faculty.”

17. With the establishment of two new programs in Dental Hygiene, it was decided that the Chairman of the Survey Committee, Dr. A. C. Lewis, Dr. H. W. Reid and the Director of the Toronto dental hygiene school, act as a sub-committee to establish the minimum requirements for the approval of a school of dental hygiene. This material is considered essential for the direction of those who may subsequently be called upon to assess and make recommendations on the approval of schools of dental hygiene in Canada.

18. Dr. A. C. Lewis and Dr. H. W. Reid were re-appointed as members of the survey team for the academic year 1961-62, with power to add one member in consultation with the Chairman of the council when necessary.

19. Visits to Schools 1961 - 62

It has been the policy for Dr. Lewis to visit the dental schools on a somewhat informal basis, and in rotation in the years between a full-scale survey. The opinion now is that the schools might benefit more from visits at times specifically requested, and since Dr. Lewis is on call for consultation at any time, it was decided that he should visit schools when invited by the Dean, for purposes of assisting in the teaching program.

20. Conference on Operative Dentistry

The conference for the 1960-61 academic year was on the subject of Operative Dentistry, and the Chairman of the conference session, Dr. G. A. Brass of the University of Manitoba, was in attendance to present his report, which is attached as Appendix G. This report was approved as presented.

21. Auxiliary Personnel

Council devoted a considerable amount of time to consideration of the Policy Statement-Projection of Dental Services in Canada, and to consideration of clinic programs for auxiliaries.

22. Dean H. R. MacLean outlined the proposed training program for dental hygienists at the University of Alberta, and the program as presented was tentatively approved. It should be noted that the program as outlined was essentially the same as those offered in recognized schools of dental hygiene elsewhere.

23. On the invitation of the Council, Colonel G. B. Shillington presented an outline of the study on the training of auxiliary personnel which is being

undertaken by the Royal Canadian Dental Corps. This would appear to be a most interesting and useful study.

24. Dean Neilson reported on the developments at the University of Manitoba, from which it was clear that no formal program had as yet been established.

25. Consideration was also given to two programs established in the United Kingdom in 1958 by the General Dental Council.

26. A sub-committee of Council was appointed to study the subject of the training of dental auxiliaries, in conformity with a request from the Executive Council. This committee is comprised of a representative of the Royal Canadian Dental Corps, H. W. Reid, J. W. Neilson, J. McCutcheon, and H. R. MacLean as Chairman.

27. Extension of Teaching Facilities

Dr. J. W. Neilson presented his report as Chairman of the Sub-committee on Extension of Teaching Facilities, which appears as Appendix C, and was approved as amended. It was recognized that there was some possibility of duplication of effort between the commission suggested in this report and that of the Royal Commission on Health. The Chairman of Council had attempted to obtain information from the Chairman of the Royal Commission, and government officials, but as yet no terms of reference have been announced. It was felt that Council should proceed with further study on the possibility of establishing its own commission, and therefore the sub-committee was authorized to collect further information "(1) regarding candidates to hold the position of chairman of the commission to study the need for expansion of dental education facilities in Canada, and (2) regarding other details found expedient in the establishment of this commission".

28. National Dental Examining Board

On motion approved by the Council, Dr. J. D. MacLean was re-appointed as one of the Council representatives to the National Dental Examining Board. Subsequently, the chairman re-appointed Dr. J. A. Fortier as Council's second representative.

29. Conjoint Examinations

A special sub-committee of Council had been established to consider the subject of conjoint examinations, under the chairmanship of Dr. R. G. Ellis. The report appears as Appendix E.

30. The following resolution was approved:

"That Council take no action at this time in respect to entering into conjoint examinations between the National Dental Examining Board and the various dental schools."

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31. Canadian Conference on Education

The Executive Council appointed Dean Neilson as representative of the Canadian Dental Association to the Canadian Conference on Education, at their request. He reported to the Executive in February, and the Executive referred his report to the Council on Education with the request that the Council be responsible for liaison with the Conference.

32. The Executive has agreed that official representatives to outside organizations should be financed by the Association.

33. Dean Neilson's report, which is appended as Appendix F, was received by the Council and Dean Neilson was re-appointed by the Council as its representative to the Canadian Conference on Education.

34. Mediations

The Secretaries' Conference and Executive recently passed resolutions referring to this Council the matter of complaints about dentists' services. Provincial secretaries reported that there is an increase in the number of complaints being handled by mediations committees, and that most of the complaints involve recent graduates. The specific resolution forwarded from the conference was as follows:

“Whereas there is in some provinces at least, a progressively increasing number of complaints by patients against dentists relating to services rendered, mainly in the prosthetic field, and fees charged for all types of services, and

Whereas many such complaints are frivolous and trivial, many are of a nature so obvious and serious as to warrant full examination by competent authority, and

Whereas study of the causes of this alarming situation reveals that many of the problems, though by no means all, involve comparatively recent graduates of the last five to ten years — that is during the recent economic upsurge, and

Whereas a study of the teaching curricula of some dental schools reveal a lack of proper instruction in patient-dentist relations and inadequate explanation of the services rendered and the fees to be charged, therefore be it

Resolved that this conference of provincial secretaries recommends to their respective corporate executives that they should each urge the Executive Council of the Board of Governors of the Canadian Dental Association to instruct the Council on Education to study this serious problem and where necessary take such measures as may be required to adjust or amplify the course of instruction for the better understanding by and to the advantage of the new graduate and the profession at large.”

35. After serious consideration the Council adopted the following resolution: "Council notes that it has given serious consideration to the subjects of ethics and practice management and that a teaching conference on this subject was held two years ago:

Council believes the responsibility lies with the schools, local societies and governing bodies. It is emphasized that the Council recognizes that the courses should be strengthened as far as possible and that the other bodies accept more responsibility for continuing action in this field."

36. **Dental Interneships**

Attached as Appendix H is a report on recommendations of the Subcommittee on Dental Interneships.

37. On motion the Council approved the dental interneships as "listed in the report submitted by the dental interneships committee".

38. **Future Teacher Conferences**

Council agreed in 1959 on a schedule of conferences, including Oral Diagnosis for 1962. The action was re-confirmed at this meeting, and Dr. R. H. Bingham of Dalhousie University was appointed Chairman of the 1962 Teaching Conference on the subject of Oral Diagnosis and Treatment Planning.

39. Rather than designate times of future conferences, Council decided to choose one subject at each of its meetings, but suggested for early consideration the subjects of Periodontics, Orthodontics, Prosthodontics, Public Health, and Roentgenology. In considering subject matter, the recommendations of the survey team were taken under advisement.

40. **U.S. Commission on Survey of Dentistry**

It was agreed that Council should give considerable study to the complete report of the Commission on the Survey of Dentistry in the United States. The Secretary was instructed to divide the Education section of the report and allocate a portion to each member of the Council for study and report at the next meeting.

41. **Income Tax**

At the request of the Chairman of the Post Graduate Studies Division at the Faculty of Dentistry, University of Toronto, consideration was given to seeking income tax relief for the expenses of attending Post Graduate and Graduate courses. Attempts have been made over the years, but unsuccessfully, to gain approval for this deduction. On motion it was agreed:

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“That Council is in full sympathy with attempts to attain tax deductions for postgraduate courses and requests the Executive to continue its commendable efforts in this direction”.

42. The budget for 1962 is submitted as Appendix D as approved by the Council.

Appendix A

NATIONAL RECRUITMENT COMMITTEE

The National Recruitment Committee, appointed by the Council on Education, held its initial meeting January 5-6 and the minutes of the meeting and the chairman's detailed report to the Secretaries' Conference have been distributed to you.

At The Meeting

In brief, the following actions were taken at the meeting:

1. Mr. K. L. Croft was appointed secretary of the committee to give force and effect to the developed policies, programs, and projects of the committee and to provide a regular and systematized follow-up.
2. A structural framework forming the skeleton of a national recruitment program was designed. There are, essentially, two aims:
 - (a) To increase the number of suitable applicants for training in dentistry and auxiliary fields, such auxiliaries being defined as those who receive their training under university discipline.
 - (b) To stimulate dentists to act positively and aggressively to encourage young people to seek careers in dentistry.

The program has been so designed that activities at the national, provincial, and local levels culminate in the actions of individual dentists, the persons upon whom the efficacy of the entire program depends.

3. An attitude survey of the profession was authorized.
4. The Recruitment Reporter, for the regular dissemination of information having a pertinence to recruitment was conceived.
5. A recommendation that the Canadian Dental Association apply to become a sponsor of the Canadian Science Fairs Council was made.
6. All existing recruitment material in the form of booklets, pamphlets, film strips, and motion pictures were reviewed.
7. Various committee members were requested to undertake creation or revision of material and authorization was granted to produce it:

- (a) "Dentistry as a Professional Career" — information to be updated, a more eye-catching cover to be designed.
 - (b) "Dentistry — Career Opportunities Unlimited" — a budgetary allotment was made to engage a layout artist to redesign this pamphlet when the current supply is almost exhausted.
 - (c) "Dental Hygiene as a Career for Women" — information to be updated.
 - (d) Filmstrip — "Careers in Dentistry" — to be replaced with a coloured filmstrip of slides and the present supporting script to be re-edited.
 - (e) The C.D.A.-owned motion picture "Pattern of a Profession" is considered excellent and is available through the C.D.A. Library. "Dentistry as a Career", a film owned by C.D.A. and produced by the American College of Dentists, while not available for reviewing by the committee was recommended by those members of the committee who had seen it. The committee authorized the purchase of a third film, in its coloured version, "A New Day in Dentistry."
 - (f) An address outline to be prepared and be included with a copious amount of resource material in Recruitment Kits, available through the Association.
 - (g) The continuance of the one-page insertion in the Annual Careers' Supplement of Canadian High News. Appreciation was expressed to the Canadian Section of the American Dental Trade Association for having financed this project. The content of this page should continue to reside within the oversight of the secretary of the committee.
 - (h) A pamphlet to be directed to each Canadian dentist to be prepared and distributed as soon as possible subsequent to the acquisition of the information arising from the survey being made.
 - (i) Photographs of existing or contemplated portable displays for use at Career Expositions to be obtained to assist provincial committees.
 - (j) The Recruitment Reporter to be developed and the initial copy to be sent in a binder in which all copies may be retained.
8. The committee recommends to the Council on Education that the Dental Hygienists' Alumnae Association and the Canadian Section of the American Dental Trade Association each be invited to name a consultant to the committee. Unquestionably such representatives would have much to add to the deliberations of the National Recruitment Committee.

Since The Meeting

1. The illness to Dr. R. R. McIntyre which precluded his attendance at the meeting has been overcome and he has been working assiduously in Western Canada.

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2. Because of health reasons Dr. J. B. O'Brien has found it necessary to resign from the committee and thus a replacement from the Maritime area should be considered.
3. The attitude survey has produced interesting and valuable results. Just over 55% of the profession replied to the questionnaire. Of the respondents, 91% believe there is a national shortage of dentists while 40% think there is a shortage in their own localities. Eighty-two per cent of the respondents indicate a willingness to encourage suitable young people to consider dentistry as a career.
Reasons why dentists would encourage young people, ranked according to the number of times these reasons appeared:
 - (a) personal satisfaction in providing a vital service
 - (b) the public need for dental services
 - (c) adequate income
 - (d) interesting, challenging occupation
 - (e) independence
 - (f) prestige, status, public esteemReasons why dentists would not encourage young people to consider dentistry as a career, in order:
 - (a) factors relating to unsatisfactory incomes
 - (b) lack of public appreciation
 - (c) cost of education and initial investment
 - (d) the onerous nature of practice
 - (e) pressures from untrained persons to usurp facets of practice, with resultant lowering of standards
 - (f) trend toward socialized dentistryComplete results of the survey will be published elsewhere.
4. The annual insertion of the full-page advertisement in the Careers' Supplement of Canadian High News was effected by the sponsors. Subsequent contact has been made to encourage a cooperative effort between the sponsors and this committee relative to the content of this advertisement in future years.
5. Two issues of the Recruitment Reporter have been distributed.
6. "Dentistry as a Professional Career" has been up-dated editorially, re-designed, and reprinted.
7. The program of the National Recruitment Committee has been published in the Journal (Volume 27, Number 2, February, 1961).
8. The Executive Council has approved the recommendation relative to the Canadian Science Fairs Council and has made application on behalf of the Association.
9. Other projects are proceeding toward completion, e.g. manual, speakers' kits and the like.

Budget

The committee presents its proposals for both the 1961 and 1962 budgets.

	1961	1962
Meetings	\$ 750	\$1,500
Publications	1,000	900
Survey	1,250	
Films	650	500
Travel		1,000
Sundry	100	200
Total	\$3,750	\$4,100

Conclusion

An initial meeting of an organization or committee is always difficult as much background information must be assimilated and policies approved before direct and positive action can be taken. The members of the National Recruitment Committee through their enthusiasm and initiative, were able, even in their first meeting, to advance significantly in this important area of need and responsibility. Each member cherishes the hope that provincial and local programs may be developed and enhanced which will bring to fruition the broad plans now established.

It is a great privilege to serve as chairman with such dedicated and diligent associates.

WESLEY J. DUNN,
Chairman

Appendix B

Following is a summary report of the Survey Committee of the Council on Education for the period from October, 1960 to March 10, 1961.

Visits to the Schools

October 24 to 28	-	-	-	-	-	-	Alberta
November 14 to 18	-	-	-	-	-	-	Montreal
December 5 to 9	-	-	-	-	-	-	Dalhousie
January 16 to 20	-	-	-	-	-	-	McGill
February 20 to 24	-	-	-	-	-	-	Toronto

The Committee will visit the Manitoba school March 13 to 17, and a supplementary report will be made to the Council at the March meeting if time permits the preparation of it.

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The Committee is most grateful to the Deans for the excellent preparation of required material prior to the visits. This material was of tremendous help to the Committee in their visits and in the subsequent preparation of the report. Furthermore, plans for the actual visit left little to be desired. An interview with the heads of the Universities was arranged by the Deans.

The completed reports were submitted by the Secretary to the heads of the Universities and a copy was, at the same time, sent to the Deans of the schools. This pattern served the Council and Committee well during the visits from 1950 to 1956, and there seemed to be no reason to deviate from it.

The Committee tried to evaluate all aspects of dental education as in the previous surveys. The reports contained commendations and constructive criticisms and it is the sincere hope that these reports will serve the same useful purposes as those of 1950 to 1956, during and after which period dental education in Canada advanced tremendously. The Committee members do not pretend to be infallible but they did try to be objective in their appraisals.

Each member of the Committee wrote an independent report on each survey and the Chairman endeavoured to write an acceptable composite report which was then submitted to the members for their revision or approval. Finally it was turned over to the Secretary for submission to the Head of the University and to the Dean. The Chairman attempted to complete the report before being involved in a visit to the next school. He was not always successful.

The Committee would wish the Chairman to express thanks to all who took any part in our visit to a school. If strong action is taken in the areas indicated in the reports dental education will continue to advance.

The Survey Committee inspected the School of Dentistry of the University of Manitoba during the week of March 13 to 17, 1961.

There has not been time to complete the written report but the Committee is prepared to recommend the School for approval as far as the programme has been developed; that is to the end of the third year. Obviously it will be necessary to complete the survey in some manner when the fourth year of the course has been covered.

A. C. LEWIS

for the Survey Committee

Appendix C

EXTENSION OF TEACHING FACILITIES

Report of the Sub-committee (of the Council on Education of the Canadian Dental Association) on the Appointment of a Commission

to Study the Need for Expansion of Dental Educational Facilities in Canada.

I. Introduction and Aim(s)

The aim of this Commission should be precisely what its title professes to state:

To determine the need for expanded dental teaching facilities in Canada in the next twenty years so that there may be graduated an optimum number of dentists and auxiliaries, having regard for: (a) the actual need and the actual demand for dental services throughout the entire country, (b) the adequacy of supply of dentists, auxiliary personnel and dental schools to meet these needs and demands, (c) the recruitment of qualified students. In all these items, it is emphasized (or re-emphasized) that not only existing but also planned or potential needs, demands, personnel, and dental schools must be considered.

II. Recommendations

In order to achieve this aim, the following general recommendations are made:

- (a) that the Commission be composed of one man, who must be most carefully selected. It is suggested that he be a respected layman, preferably with: (i) an entree to circles of responsibility, (ii) a scientific background, (iii) at least a general interest in public health problems, and (iv) at least a superficial knowledge of statistics.
- (b) that the Commissioner be paid a salary in the range of \$15,000 per year along with: (1) an allowance which would permit him to travel extensively in at least Canada and the United States, and (ii) adequate office space and secretarial assistance.
- (c) that the Commissioner be free to call upon statistical services provided by the Canadian Dental Association and if possible, those of the national and provincial Departments of Public Health.
- (d) that the Commissioner be assured of the assistance and cooperation of as many key members of the profession as possible; such people to include elected and appointed provincial and national Dental Association officials, public health dentists, dental educators, etc.
- (e) that the Commissioner be appointed for a term of not less than one year and probably not more than two years, in which time he would be expected to devote his full time to making a survey of the situation, and to the writing of a comprehensive report on this survey: the report to include specific recommendations.
- (f) that attempts be made to secure financial assistance for this project from such sources as private foundations and individuals, provincial

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and federal associations, and, if necessary, provincial and federal governments.

- (g) that such a survey could involve a total of expenditure of up to \$75,000 depending on several factors, the most important of which would be the length of time involved.
- (h) that various interested agencies, bodies and persons (i.e. provincial and federal governments, public health departments and all members of the profession) be made aware that the Commission is being established.

J. W. NEILSON,
Chairman

Appendix D

BUDGET ASKING FOR 1962

	Recruitment 1961	Recruitment 1962	Council 1962
Meetings - - - - -	\$ 750	\$ 1,500(750)	\$ 3,000
Publications - - - - -	1,000	900(500)	
Consultant honorarium - -			1,000
Survey of Schools - - -			2,000
Sundry - - - - -	100	200	500
Survey - - - - -	1,250		
Films - - - - -	650	500(250)	
Travel - - - - -		1,000	
	\$ 3,750	\$ 4,100(2,600)*	\$ 6,500

* Executive revisions
Total askings 1962 — \$10,600
Executive revisions — \$9,100

Appendix E

REPORT OF THE SUB-COMMITTEE ON CONJOINT
EXAMINATIONS

The Sub-Committee appointed at the last meeting of the Council on Dental Education was requested to investigate the feasibility of establishing

conjoint examinations acceptable to the Canadian Dental Schools and the National Dental Examining Board and to report at the next meeting of the Council.

The Committee ascertained that there was in existence an arrangement between a number of the Canadian Medical Schools whereby conjoint examinations were adopted and presumably were acceptable to the parties concerned. The Committee decided to study this arrangement and now reports on its findings.

The "Canada Medical Act" provides for the establishment of the Medical Council of Canada. Sections 1, 4 and 5 of the Act define the Medical Council of Canada and enunciate its objectives, among which is the establishment of a qualification in medicine which will be acceptable to all provinces in Canada for purposes of medical registration. This objective is similar to that of the National Dental Examining Board.

Further information respecting the relationship of the Medical Council of Canada to the subject of conjoint examination is to be found in the Medical Council's Information Pamphlet. This pamphlet is issued to "persons seeking Medical Registration in Canada by way of the examinations of the Medical Council of Canada". The subjects of examination are detailed in sections 13 to 17. In the same leaflet, section 46 makes reference to the provision of conjoint examination "with certain Canadian Medical Schools whereby the Council Examinations are taken in whole or in part as the final examination leading to graduation".

The Chairman of the Committee interviewed the Dean of one of the Canadian Medical Schools in an attempt to determine whether this arrangement was considered entirely satisfactory in the Medical School concerned. It was learned that in this instance, the Faculty of Medicine conducts its own oral examinations of each candidate in a number of different subjects. The results of these oral examinations remain in the possession of the Medical School and are not made available to the Medical Council of Canada.

The Medical Council of Canada sets up a Main Board of Examiners (see section 22 of the Act) which is subsequently broken down into examiners in each of the subjects of examination including written, clinical and oral examinations. The Medical Council subjects are medicine, Surgery, Obstetrics and Gynaecology, Public Health and Preventive Medicine and Paediatrics. Candidates writing the Council's examinations may elect to write them in any of a number of different centres in Canada. Strangely enough the examinations are not necessarily written at the same time in each of the different centres and, therefore, new papers have to be set for each of these examinations, for each writing.

Oral and clinical examinations are also conducted across Canada by the Medical Council of Canada.

The Medical School does not see the paper set by the Medical Council of Canada in each of the subjects concerned. We queried this point, believing

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that it could lead to difficulties of one kind or another but we were assured by the Dean concerned that this was not the case. After the papers are written, the Medical staff of the school in which the student took his course, marks the papers first, no matter at which centre they were written. After the Medical School staff have marked the papers, the papers of those students who obtained "pass" standing or better are then sent on to the Examiners appointed by the Medical Council of Canada. The papers of students who fail are withheld by the Medical School so that in this way there is no chance of the Medical Council's examiners passing a student who has failed at the Faculty level and therefore failed to obtain his degree. On the other hand, the Faculty Examiners may pass a student and the Medical Council Examiners may fail him. Interestingly enough, we were assured that this happens only on very rare occasions. This gives rise, therefore, to the question — why should the National Organization not accept without further question, marks established by the staff of the Medical School?

At the Medical School level, the mark given for the written paper by the Faculty Examiner is combined with the result of the oral and clinical examination conducted by the Faculty Examiners. This is entirely separate from the mark used by the Medical Council of Canada in its separate clinical and oral examinations.

It should be noted that in addition to the papers written for the Medical Council of Canada, each Medical School cooperating in this system can and does give examinations on subjects other than those set by the Council, e.g. Ophthalmology — Ear, Nose and Throat, and other areas.

From the standpoint of financing, the university charges no examining fees whereas the Medical Council of Canada set an examination fee of \$125.00.

In conclusion, we were advised that all provinces accepted this arrangement and there appears to be little likelihood of change in the near future. We were further informed that some years ago a concerted effort had been put forward by some medical schools to have the Medical Council of Canada accept the examination and grades arrived at by the individual medical schools. However, this move was opposed by some of the smaller, younger medical schools on the ground that the existing arrangement gave them additional prestige and uniformity in relation to their graduates.

On the basis of the above information the Committee believes that there are three possibilities which the Council on Education should consider:

1. That no action be taken in respect to entering into conjoint examinations between the National Dental Examining Board and the various Dental Schools; or
2. That as long as the Dental Schools of Canada are surveyed periodically by the Council on Education and as long as they maintain status as an "approved" dental school, the Provincial Licensing Boards be urged

to accept, without further examination, graduates of the approved schools. (In this case the National Dental Examining Board does not participate);

3. That the National Dental Examining Board accept without further examination the graduates of all the Dental Schools in Canada as long as the schools remain in the "approved" category, and grant a Certificate for a nominal fee. Any examinations conducted by the National Board would be primarily for candidates who do not hold qualifications from an approved school. Under this arrangement the N.D.E.B. would remain active and would serve as an agency to review examinations conducted by Dental Schools and assist in the maintenance of uniform standards.

The Committee was unable to arrive at a final recommendation from among the three proposals made above.

H. R. McLean

James D. McLean

Roy G. Ellis — *Chairman*

Appendix F

Report of Representative of Canadian Dental Association to the Canadian Conference on Education, National Executive Meeting, Ottawa, Ontario, November 10, 1960.

I. Introduction

Due to poor flying weather the representative was unable to attend the morning session of the Executive meeting but he was in attendance at the luncheon, the afternoon session and the Governor-General's Reception at Rideau Hall.

II. Review of Agenda Items discussed during afternoon sessions —

- (a) A copy of the full agenda may be obtained at any time from the representative and this report will only deal with those items which the representative heard discussed and are as follows:

1. Status of Resolutions at 1962 General meeting

There was considerable discussion as to whether the Conference's aims would best be served by adopting formal resolutions and publicizing them at the 1962 meeting, or in conducting the session as a sort of discussion forum with a

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prior understanding that no such resolutions were to be adopted. It was felt that both procedures offered advantages and disadvantages, and it was really left over until the next executive meeting to decide this point.

2. **Fee for 1962 meeting**

Again there was considerable discussion on the question of a suitable fee for the 1962 General Meeting. (The fee for the 1958 session was \$10). It was suggested that the fee in 1962 should be \$20 and with 1500 delegates this would represent an income of \$30,000. (Parenthetically it might be stated that the budget forecast from January 1960 — June 1962 was for \$150,000, and hope was expressed that much of this figure might be met by private and public subscription). It was pointed out that several affiliated organizations had not, and apparently could not, pay the \$100 annual fee to the Conference, despite the fact that their representatives were welcome and valuable participants in the Executive discussions. Once more the matter of establishing a registration fee for the 1962 meeting was left over to the Executive Committee for further consideration.

3. **Discussion of quotas for representation of member organization at 1962 meeting.**

Insofar as the C.D.A. representation is concerned, four delegates have been allocated. In discussing this proposed number of four, several relevant points might be made as follows:

- i It was pointed out that this should be regarded as an approximate figure and that it had been based to some extent on the numerical membership of the various organizations and that if a good case were made for an increase, consideration would certainly be given to the request.
- ii If past and present interest were any indication, it was suggested that there would be a waiting list for representatives and therefore no member organization should "hold up" quota places if it could not fill them.
- iii It was also pointed out that member organizations were responsible for all expenses of delegates' travel and accommodation at the 1962 meeting and this fact should be considered in arriving at requests for representatives.
- iv With all this in mind, but disregarding the economics involved (which must of course be decided by the C.D.A.

authorities), your representative would suggest that a request be placed for a fifth (and perhaps a sixth) delegate based on the following geographical representation:

Maritimes	1
Quebec (French)	1
(English)	1
Ontario	1
Prairies	1
B.C.	1

4. Date of Next Executive Meeting

It was announced that the next executive meeting was to be held in Quebec City on February 18, 1961. This representative, on the basis of his brief experience to date, feels it would not be necessary to send him to this meeting. If, however, a suitable Quebec City representative of the C.D.A. could be present, a good purpose might be served. It is felt further though that this principle of sending a different and geographically nearby representative to each and every executive meeting is not wise and thought might be given to sending the undersigned (or some other permanently designated representative living closer to the locale of such meetings) to at least one of any other executive meetings held prior to the February 1962 Conference.

III. Conclusion

Upon request, I shall be pleased to submit any other relevant information on what was a most interesting but unfortunately abbreviated meeting.

J. W. NEILSON

Appendix G

OPERATIVE DENTISTRY

To this report is attached a copy of the agenda for a meeting on Operative Dentistry held by the representatives from the Dental Faculties and under the sponsorship of the Canadian Dental Association.

Attending Geo. A. Brass, Manitoba, Chairman
 Geo. Gibbs, Alberta
 P. G. Anderson, Toronto

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H. Deschenes, Montreal

E. Ambrose, McGill

H. Crosby, Dalhousie

The agenda was altered to permit the conference group under the guidance of Dr. P. G. Anderson to tour the new facilities at the University of Toronto on the first morning of the meeting. Discussion following the presentations resulted in some general conclusions by the group.

- (a) Occlusion in the undergraduate program should be limited to the study of the normal. A real need is a universal terminology and nomenclature.
 - (b) Within the department of operative dentistry, the rotation of teachers through the teaching years seems a desirable practice.
 - (c) The recommendations of the Conference on Anaesthesia 1958 are approved, and should be related to the undergraduate program of teaching operative dentistry for the handicapped.
 - (d) The need for changes reflecting greater knowledge of tooth morphology and the important part it plays in establishing and maintaining oral health.
1. The inter-relationship existing in the disciplines within the restorative field (Crown and Bridge, and Operative Dentistry) is so obvious and the practice of one so merges into the practice of the other that it seems reasonable that both subjects be maintained within the administrative province of one "The Restorative Department".
It is therefore resolved:

THAT Deans and Administrators when considering changes of organization within their faculties give serious consideration to merging the administrative functions to such an end.

2. The evaluation of accomplishment is an integral part of developing and maintaining student interest. Close attention to the progress of individuals will disclose the superior student.
It is therefore resolved:

THAT the curriculum in Restorative Dentistry be made more flexible to permit more rapid progress for the more competent student and

THAT this opportunity be made known to the student body at the introduction to this course believing that it will serve to stimulate the more ambitious and more talented individuals to participate in such an honour program.

3. Changing trends in the practice of dentistry have so altered the needs in preparing the students for graduation that a new and broader emphasis must be placed upon the relationship of the dentist and his auxiliary help. It is necessary that training to such an end be made available.

It is therefore resolved that:

- (a) Laboratory assistance be made available and that the teaching program be oriented to implement this concept.
- (b) A program of chairside assistance for the undergraduate student be instituted.

The participants in this Conference session wish to express their gratitude to the Canadian Dental Association and to emphasize the importance of such meetings. It is sincerely requested that the program now established, be continued.

GEO. A. BRASS,
Chairman

Appendix H

RECOMMENDATIONS OF THE DENTAL INTERNSHIPS COMMITTEE TO THE COUNCIL ON DENTAL EDUCATION

Having considered the applications for the approval of the dental internships noted below, according to the requirements established by the Hospital Dental Services Committee of the Canadian Dental Association, the committee recommends their approval in each case.

Vancouver

The Vancouver General Hospital —
One Junior Rotating Dental Internship.

Toronto

Toronto General Hospital —
One Junior Rotating Internship
One Junior Straight Internship — Oral Surgery
The Hospital for Sick Children —
Junior Internship in Paedodontics
The Doctor's Hospital —
One Senior Straight Internship — Oral Surgery

Montreal

The McGill — Hospitals Dental Internships Committee
Four Junior Rotating Internships; i.e.
(a) The Montreal Childrens Hospital
Two Junior Rotating Internships.

EDUCATION

- (b) The Montreal General Hospital
Two Junior Rotating Internships.

A. FORTIER

J. McCUTCHEON, *Chairman*

COMMENT AND ACTION

- 1-4. Information.
5-6. Noted.
7. Information and we approve of Appendix B.
8-9. Information.
10. Noted with interest.
11. Concur.
12. Approve.
13. Noted.
14. Information.
15-20. Approve.
21-26. Information. We present the following resolution:

Whereas there exists the strong possibility in the western provinces that there may be a broadening of the scope of the dental auxiliary beyond that which has heretofore been accepted, and
Whereas there is not now available a curriculum of study which would be necessary to prepare auxiliaries for additional duties, be it
Resolved that a meeting be held between the appropriate representatives of British Columbia, Alberta, Saskatchewan and Manitoba and the sub-committee of the Council on Education on the training of dental auxiliaries to discuss ways and means of rendering assistance in this regard.

ADOPTED

- 27-28. Noted.
29. Information.
30. Approved.
31-32. Information.
33. Approved.
34. Information.
35-39. Agreed.
40. Information.
41. Agreed.
42. We recommend sympathetic consideration.
We recommend the adoption of the report.

APPROVED

MEMBERS: *J. P. McGuigan, Chairman, Halifax, N.S.; C. Dexter, Halifax; H. N. B. Beach, Ottawa, Ont.; R. J. McCarten, Winnipeg, Man.; H. J. Hann, St. John's, Nfld.*

REPORT

1. Your Council on Ethics has taken under advisement the necessity of a short report in which reasons are not given for our stand on questions of ethics but rather that the matter being discussed is either ethical or unethical. This method relieves the Chairman of the necessity of rigorously defending the action taken by his committee, on questions of a very controversial nature, where the line between what is ethical and what is unethical is very thin.

2. Many of the questions which have arisen during the past year were routine and were dealt with in the usual manner.

3. We were asked for a ruling on the distribution of literature by dentists for the Procter and Gamble Company. We considered it unethical for the dentist to distribute this literature.

Subsequently, the aforementioned manufacturer has agreed to alter the nature of his patient education literature, to conform with the recommendations of the Council of Research and the Council on Ethics, respecting product endorsement.

4. At a meeting of this Council held in Ottawa last year, it was generally agreed that this Council might act more effectively if more of the members were centralized in one specific area. In this way it would be possible for three or four members to meet together and discuss problems which arise from time to time, which are not presently covered in our Code of Ethics. In this way your Council might arrive at a more comprehensive and factual solution to the problem in question.

We do not anticipate any expenditure for the coming year, and therefore, no budget has been presented.

COMMENT AND ACTION

1-2. Informative.

3-4. Agreed and we commend this suggestion to the consideration of the Nominations Committee.

We recommend the adoption of the report.

APPROVED

MEMBERS: *J. P. Whyte, Chairman, Swift Current, Sask.; Wm. Miller, Vancouver, B.C.; W. G. McIntosh, Toronto, Ont.; Remy Langlois, Quebec, P.Q.; James Zimmerman, Calgary, Alta.; M. V. J. Keenan, Sudbury, Ont.; P. S. Christie, Halifax, N.S.*

REPORT

1. Meetings

The Executive found that due to the short period elapsing between the last Annual Meeting and this one, nine months, only one meeting was necessary in addition to the meetings preceding and following the Annual Meeting. The agenda provided 62 items for consideration and action. Several mail votes were required to deal with urgent business.

2. Visitations of President and Secretary

The Executive reviewed and approved of the details and itineraries of this tour. Eastern Canada was visited during November 1960 and Western Canada in February and March 1961.

3. Finance

(a) The Auditors' Financial Statement for 1960 was approved.

(b) The firm of Thorne, Mulholland, Howson and McPherson was appointed auditors for 1961.

(c) The list of bonds held by the Reserve Fund was reviewed.

(d) The budget for 1962 was prepared and approved for presentation to the Board of Governors.

4. Survey of Accounting and Related Clerical Routines

The offer of the Thorne Group Ltd. to conduct a survey of the accounting and statistical records and procedures at our Headquarters was accepted at a cost of \$575.

The objective of the above survey is to provide a new plan of office procedure that will present the Association's transactions clearly and with a minimum of effort, and will allow better control over operations through periodic comparisons of budgeted and actual results.

5. 1960 Convention — Ottawa

The final report of Jas. P. Coupland, General Chairman of the 1960 Convention, was submitted. The chairman and his committee were complimented for their excellent efforts in organizing an outstanding convention and also for their financial success in providing a surplus of \$6,419.53.

6. **Future Conventions**

Arising from the report of the 1960 convention at Ottawa, four resolutions in regard to future conventions were adopted, dealing with

- (a) Commercial exhibitor space
- (b) Publicity
- (c) Registration fee
- (d) Program planning
- (e) Remuneration of clinicians

These resolutions appear in appendix A.

7. **1961 Convention — Saskatoon**

The report of the 1961 Convention Committee was presented by the Chairman Dr. Alex Fernet, Saskatoon. It was approved and the committee commended for their efforts in providing excellent arrangements.

8. **Section Participation in Annual Meetings**

The Orthodontic Section are holding their annual meeting conjointly with the C.D.A. Convention, at Saskatoon, June 5th and 6th. If this section meeting proves interesting and is successful educationally there are indications that other sections may ask for the same privilege at future conventions. The need for a definite policy for section meetings during C.D.A. Conventions is apparent.

9. **Program Participation C.D.A. Convention**

The Council on Public Health recommended to the Executive Council that a scientific session devoted to preventive dentistry and paedodontic practice be regularly scheduled at Annual Meetings of the Association.

This request was approved in principle provided suitable arrangements can be made with convention committees.

10. **Ontario Dental Association Joint Conventions**

In view of the special nature of the source of income of the Ontario Dental Association, the financial arrangements for a joint convention of the Canadian Dental Association and Ontario Dental Association were subject to a differing policy in the past than obtained at all other conventions. The Executive established by motion that "all future meetings following the 1963 convention must conform to the 50-50 formula in harmony with that which obtains in all other joint conventions across Canada".

Correspondence relating to the above appears as appendix C.

EXECUTIVE

11. Chairman of Board of Governors

A resolution presented to the 1960 Annual Meeting "that a chairman other than the president be appointed for the Board of Governors to preside at Annual Meetings" was referred to the Executive for study.

The decision of the Executive was that, while recognizing the merit of the action suggested by the resolution, the present size of the Board of Governors does not warrant the appointment of a chairman.

12. Secretaries' Conference

The Executive, recognizing the increasing importance of this meeting, approved extending the length of the Secretaries' Conference to three days, with any extra expense to be borne by the Canadian Dental Association.

13. Selection of Representatives to C.D.A. Board

(Reference: Transactions 1960, page 10, resolution b)

The subject of the methods of selecting representatives to the Board of Governors was discussed by the Secretaries' Conference.

This group reported satisfaction with the present methods of selection of representatives to Board of Governors.

14. C.D.A. Pension Assurance Plan, Hospitalization Groups and Retirement Savings Plan

Mr. J. T. Staddon, administrator of these plans, was not able to present his report to the Executive, due to the meeting being too early for obtaining the necessary information. The Annual report since received appears as Appendix D.

15. Past President's Breakfast

Eight Past Presidents sat down to breakfast at the 1960 Annual Meeting. Recommendations in regard to Headquarters enlargement, Secretary, visitations and extension of time of Board of Governors meeting were received and discussed by the Executive.

16. Installing Officer

Dr. P. G. Anderson, a Past President, was appointed Installing Officer for 1961.

17. Canadian Science Fairs Council

The Canadian Dental Association will support and has become one of the sponsors of the Council, with Mr. K. L. Croft as representative. Relative information appears as appendix E.

18. Canadian Conference on Education

A good report was received from Dr. J. W. Neilson, C.D.A. representative to that body. The report was referred to the Council on Education for further consideration.

19. Double Payment of Annual Fee

(Reference: Transactions 1960, item 39, page 27.)

Motion 58, May 9-10, 1960, of the Executive Council was rescinded and a motion was adopted stating that the Canadian Dental Association should not refund to an individual member any portion of a grant from a corporate member.

20. Indian and Northern Health Services

A resolution at the 1960 Annual Meeting requested revision of the I.N.H.S. fee schedule. Many years of negotiation between the C.D.A. and the Department of National Health and Welfare have been carried on. The schedule of fees has been revised and information related thereto appeared in the Journal of December 1960.

21. Federal Health Grants

A resolution from the Council on Public Health requested that the Executive consider discussing with government officials the possibility of earmarked grants for dental projects.

This subject has been discussed with government officials on many occasions in the past, and the Executive Council does not support the resolution.

22. Health League of Canada

Drs. F. H. Compton and Dr. G. T. Mitton were appointed representatives to the General Council of the Health League of Canada.

23. Royal Commission on Health

Since the Federal Government announced that a royal commission on health would be established, no definite information has been obtained other than the name of the chairman who was appointed. No commission members or terms of reference have been announced as yet. This subject has been discussed at recent meetings of councils and committees of the association. It is thought that a steering committee should be established in the event that a brief is to be submitted to the commission by more than one dental organization in Canada. It was also suggested that a special meeting of the Executive may be necessary depending on further information about the commission. (See Appendix G)

EXECUTIVE

24. War Memorial Awards

The recommendation of the War Memorial Awards Committee for the 1961-62 essay competition was approved. The selected title is "Early diagnosis of oral cancerous lesions".

25. International Miller Prize

The Federation Dentaire Internationale, at its 1962 Congress, may award the International Miller Prize. Nominations are received of dentists who have made outstanding contributions in the field of dental research, the academic field or to raise the standards of dentistry on the international level.

The name of Dr. Don. W. Gullett was submitted for consideration.

26. F.D.I. Congress 1962

The Congress of the Federation Dentaire Internationale is being held at Cologne, Germany. A group tour is planned under the auspices of the Canadian Dental Association. Preliminary planning indicates that charter flight would not be satisfactory for this type of tour.

27. F.D.I. Meeting

The Board of Governors approved the suggestion that the Executive consider inviting the Federation Dentaire Internationale to meet with the Canadian Dental Association in Canada.

Accordingly the F.D.I. was invited to hold its Annual Meeting in conjunction with the Canadian Dental Association Annual Meeting in Quebec City in 1965.

The invitation will be dealt with by the F.D.I. Council at the Helsinki meeting in July.

28. C.D.A. Representatives to Outside Organizations

The Executive approved the policy of being responsible for the expenses of official delegates of the Canadian Dental Association to organized meetings where the expenses are not available from other sources.

29. Official Delegates to European Meetings

Dr. Don Gullett was appointed official delegate of the Association to the Federation Dentaire Internationale for 1961-62-63. The American Dental Society of Europe and the Bi-Centennary of Pierre Fouchard are to be held in Paris in June, 1961. These meetings are a few days before the meeting of the F.D.I. in Helsinki. Dr. Gullett was appointed as official C.D.A. delegate.

30. Alberta Dental School Opening

The official opening and special Convocation at the Faculty of Dentistry, University of Alberta will be held on June 2nd, 1961. Dr. W. G. McIntosh and Dr. James Zimmerman were appointed official delegates.

31. Canadian Dental Service Plans Incorporated

Correspondence was received from this organization requesting cooperation, wherever possible, in services which D.S.P.I. is capable of providing through its staff and business machines.

Although no extensive use is foreseen, these services were used once recently and the offer will be kept under consideration.

32. National Recruitment Committee

The Council on Education established a sub-committee on recruitment following the Annual Meeting in Ottawa. Known as the National Recruitment Committee, this is a committee with important functions to perform. The committee met in Toronto during January. The Council on Education report contains more information about this committee's activities.

33. Bureau of Public Information

The Director of Public Information, Kenneth L. Croft, presented his report. The Executive Council approved the public relations policy as outlined.

This Bureau is proving its worth. The broad scope of its activities is shown in its report to this Board meeting.

Drs. Chalmers, Butler and Leuty were again appointed as consultants.

34. Bureau of Legal Affairs

The Executive Council considered that it was not presently opportune to establish a Bureau of Legal Affairs, but will continue to keep the matter under advisement.

35. Editor — Visitations

The Executive Council recommended that finances be provided in the budget and made available to the Editor for travel and visitation purposes to be used at his discretion in consultation with the Secretary.

36. Editor — Administration

After careful study of the resolution presented by the Royal College of Dental Surgeons of Ontario (Transactions 1960, pages 231-4) it was the considered opinion of the Executive Council that the present system of

EXECUTIVE

administration is more applicable to the needs of the Canadian Dental Association. No change is contemplated at the present time.

37. Policy Statement on Auxiliary Personnel

Several minor amendments were made to the policy statement on auxiliary personnel. The revised statement is being published in pamphlet form.

38. Policy Statement on Dental Services in Canada

This policy statement stipulates that the Executive Council review progress regularly and report to the Board of Governors. The outlined requirements necessary to implement the policy are contained in paragraph 5. The following is a brief summary of the activity to date.

(1) The national dental health survey of children, 7, 9, 11 and 13 years reports progress in one phase.

(2) The grant to the Council on Research has been increased, allowing more money for studentships. It is evident that more sponsors are required for research as there are not sufficient trained personnel to undertake some *new* activities. The revitalization of the Canadian Dental Research Foundation is being attempted.

(3) Fluoridation of water supplies slowly gains ground. Approval of a workable fluoridation bill by the Ontario government is a major advance. The widening appreciation of stannous fluoride application is evidenced.

(4) The policy statement on auxiliary personnel was revised at this meeting.

(5) The Executive Council requests the Council on Education to act as early as possible upon this requirement; the urgency is becoming more apparent. Progress is reported upon evaluating what work can or cannot be done by auxiliary personnel.

(6) Definite progress is reported from the dental faculty of the University of Alberta.

(7) The well organized and working National Recruitment Committee evidences the positive steps being taken in encouraging recruitment.

(8) Alberta and Manitoba have recently passed legislation permitting the services of recognized auxiliary personnel to be utilized. In Quebec legislation is already operative. Saskatchewan has a committee studying this question.

(9) The establishment of pilot programs of training is under study by the Council on Education. A new training program will commence in Alberta in the autumn of 1961.

(10) The Dental Services Committee are well ahead in their planning and results. Some plans are already prepared.

(11) Bursaries provided from public funds are available in Alberta, Manitoba, Saskatchewan and Newfoundland. This avenue requires further study.

39. Locations of Annual Meetings

The New Brunswick Dental Society invited the Canadian Dental Association to meet with it in Fredericton in 1966. No definite decision was reached concerning this invitation. Information regarding past and confirmed annual meetings appears in appendix F.

40. Headquarters Expansion

The Executive Council considered the need for administrative expansion. The present Headquarters is becoming too small to house the personnel required to staff our ever-growing activities. The Headquarters Property Committee was asked to investigate the possibilities of adding to our present quarters and to submit detailed plans at this meeting.

41. Labour Unions

The Executive Council is fully in accord with the resolution (Transactions 1960, page 89, 62b) requesting meetings as often as possible with senior union members, both formal and informal, to discuss problems of mutual interest.

42. Amendments to By-laws

At its recent meeting, the Council on Public Health approved a revision of its terms of reference. Action by the Executive Council:

That the amendments to the by-laws, term of reference Council on Public Health, as presented by the Council on Public Health and as amended by the Executive Council be approved by the Executive Council and forwarded to the Council on Constitution and By-laws for their consideration.

43. Honorary Membership

Dr. Arthur Allan Blair Kenney of Maple Creek, Saskatchewan, is proposed for Honorary Membership.

44. The Royal Canadian Dental Corps has again requested direct representation to the Board of Governors of the Canadian Dental Association. The American Dental Association has such representation from its federal dental service. The President is to appoint a sub-committee to study this suggestion and report at the next Executive meeting.

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45. Several other routine matters, including arrangements for the meeting of the Board of Governors, were considered by the Executive Council.

46. **Emergency Health Services Advisory Committee**

Early during the last war a procurement and assignment board having to do with health personnel for military and civilian purposes was organized by the Federal Government. Following the war this board was reorganized into The Defence Medical and Dental Services Advisory Board which conducted a number of studies respecting Canadian health personnel. Gradually the chief concern became one of the utilization of health personnel in a national emergency. At the last meeting of DMDSAB (Nov. 17, 1959) a resolution was adopted recommending the dissolution of DMDSAB and the establishment of a new agency under the titular designation of the Emergency Health Services Advisory Committee. Earlier this year Order in Council was passed establishing this new board. The Canadian Dental Association has had a representative on the previous boards. A letter, dated April 14, 1961, was received by the President from the Minister of National Health and Welfare requesting the appointment of a representative to the newly established board called to meet May 29-30. Dr. J. P. Whyte was appointed C.D.A. representative.

47. **Canadian Conference on Children 1960**

The Council on Public Health were commended for their efforts in initiating the C.D.A.'s participation in this most commendable program. The C.D.A. Dentistry for Children Section is to be asked to assume the liaison responsibilities between the Canadian Conference on Children and to nominate a representative to fill the post recently vacated by Dr. H. K. Brown as C.D.A. representative to the Conference. (See Appendix H)

48. **Amendment to the By-laws**

In compliance with Article XXII, Sec. 3 of the By-laws (Amendments) it is hereby moved that:

Article X, Section 4 (a), first line be amended by changing the word "three" to "five".

This in effect changes the membership of the Auxiliary Services Committee from three to five.

(a) Commercial Exhibitors

Whereas the solicitation of exhibitors is a heavy burden on convention committees, and

Whereas some exhibitors have indicated a desire to participate in C.D.A. conventions on a continuing basis, and

Whereas continuity could be attained by central direction of commercial exhibits, and

Whereas many Journal advertisers are also exhibitors, therefore be it

Resolved that the Canadian Dental Association study the feasibility of an arrangement whereby the contracting of commercial exhibit space at conventions could be handled at association headquarters.

ADOPTED

(b) Publicity

That the publicity section of the convention manual be revised by the Director of Public Information and that convention publicity committees establish liaison with the Bureau of Public Information in the early stages of their planning.

(c) Registration Fees

That "rules respecting registration fee (Transactions 1960:37) be amended so that section three reads as follows:

Free registration without meals:

- (a) undergraduate dental students
- (b) auxiliary dental personnel
- (c) members of other health services
- (d) commercial exhibitors
- (e) C.D.A. staff

(d) Program Planning

Whereas it is most desirable to have the C.D.A. members as well informed on the profession's administrative problems and events as possible, and

Whereas the C.D.A. annual convention provides an excellent opportunity for bringing these matters before the membership, and

Whereas a meeting of this type also affords an opportunity for personal discussions of pertinent professional matters, and

Whereas several recent attempts at this type of presentation have been well received, therefore be it

Resolved that subsequent joint convention committees, when planning the convention program, invite the Canadian Dental Association to participate in the program by offering a presentation on timely

EXECUTIVE

aspects of our professional activities during a two hour period that has been reserved for this purpose, this to include a question period.

ADOPTED

(e) Remuneration of Clinicians

The following is a suggested arrangement for honoraria to be given to essayists and clinicians. It also should be considered a guide to and at the discretion of the convention committee.

1. For members of the Canadian Dental Association reimbursement be made for expenses involved in attending the scientific sessions of the annual meeting.

2. For those not members of the Canadian Dental Association an honorarium of \$150 for each day the individual is required to be in attendance plus the expenses incurred in attending the scientific sessions of the annual meeting be paid.

Appendix B

Interim Policy for Section Meetings During C.D.A. Convention

All members of a section attending convention will pay regular registration fee.

Convention committee to supply following without charge:

1. Suitable meeting hall for meeting of the section.
2. Host and social privileges of convention.
3. Co-operation in arrangements, announcements and facilities.
(Special equipment related to the section excepted)

Appendix C

ONTARIO DENTAL ASSOCIATION — JOINT CONVENTION

- A. On February 24, 1960, the Ontario Dental Association submitted a report entitled, "Report re Future Joint Conventions" with request that the C.D.A. Secretary meet with the O.D.A. Executive in order to discuss the matter.

Study of this report established that the content was very unsatisfactory from the standpoint of the Canadian Dental Association. The President, Dr. W. G. McIntosh, and the Secretary met with the O.D.A. Executive

on April 21, 1960, with the result that the memorandum below was drafted. A communication dated June 8, 1961 has been received stating approval of the memorandum by the Board of the Ontario Dental Association.

Whereas we recognize that the future development of the dental profession and the degree of respect for the profession by the public depends largely upon full cooperation within the profession, and Whereas advancement of the profession is hindered by non-cooperation, and

Whereas the Ontario Dental Association is presently solely dependent upon convention revenue, therefore be it

Resolved that in conducting conventions conjointly with the Canadian Dental Association, the following points be observed:

1. That the Convention Chairman be appointed with confirmation of the Executives of both associations.
2. That other appointments to the convention committee be made by the Chairman in consultation with the executives of both associations.
3. That the President and Secretary of each association be ex-officio members of the convention committee.
4. That the administrative duties be divided between the offices of both associations as may be deemed best at the time at the discretion of the convention committee.
5. In view of the special nature of the source of income of the Ontario Dental Association at the present time, the financial arrangements be prepared on a pro-rata basis resulting in a normal profit to the Ontario Dental Association.

B. Action of Executive Council, February, 1961:

Whereas the memorandum submitted by the Ontario Dental Association does not conform to the established policy of cooperation in holding joint conventions on a 50-50 basis, and

Whereas if the Canadian Dental Association agreed to the proposals in the above memorandum the national organization would be in position of showing favouritism, therefore be it

Resolved that

1. the established policy of cooperation in holding joint conventions on a 50-50 basis in all provinces be stated for the information of the Ontario Dental Association and that
2. the Canadian Dental Association will agree to the formula as stated in the Ontario Dental Association memorandum for the 1963 meeting only, and that
3. all future joint meetings following the 1963 meeting must conform to the 50-50 formula in harmony with that which obtains in all other joint conventions across Canada.

NINTH ANNUAL REPORT
PENSION ASSURANCE PLAN
RETIREMENT SAVINGS PLAN

The Annual Report is not being presented by me personally this year in view of the fact that the only available meeting of the Executive was too early in the year to have the necessary information.

You will no doubt have seen from other sources that a representative of the Royal Trust Company attended the January, 1960 Secretaries' Conference and addressed them on the subject of the C.D.A. Retirement Savings Plan. I had been looking forward to the opportunity of attending this meeting myself, but was unable to as I had to go to the U.K. at short notice. However, I was pleased to be able to present a report and deal with various questions on the Plans administered by my office at the Secretaries' Conference earlier this year. I think this added facility for discussion and information will be very beneficial.

C.D.A. Pension-Assurance Plan

This embraces the Life Assurance, Guaranteed Pension and individual Sickness and Accident contracts. There is very little of consequence to report; the number of policies in force and premium income show modest increases, certainly not as great as we would like to see, or as we feel could be used to advantage by the membership. The statistics at the end of this report continue the pattern of previous years, and show the position for 1960.

C.D.A. Hospitalization Groups

Ontario and the Maritime Provinces did not undergo any changes and participation continues very much at the same level as in the previous year. There was a strong feeling that the premiums for the Ontario Provincial Plan would be increased, but apparently the impending 3% Sales Tax will make any increase unnecessary for a while at least. In Quebec, the commencement of a compulsory no premium Hospital Plan from January 1st, 1961, necessitated notification to members in that Province of the revision to the Blue Cross coverage. With every resident covered under the Provincial Plan for ward level hospitalization and ancillary benefits, the Blue Cross Group provides the difference between this and semi-private, and has an improved and extended Medical-Surgical in-hospital schedule of benefits. New contracts and full information regarding these changes have been sent to all those concerned.

C.D.A. Retirement Savings Plan

To follow previous practice in reporting on this Plan where each contribution year ends on the last day of February, this report deals with the twelve month period from March 1st, 1960 to February 28th, 1961. It was a very satisfactory year from an investment standpoint, the Unit values moving from \$9.683 for Government Bond, \$10.068 for Corporate Bond, and \$11.332 for Common Stock to \$10.760, \$11.356 and \$13.411 respectively. The number of registered participants increased by 14.32% and contributions by 21.45%. This shows a steadily growing acceptance by the membership and increasing appreciation of the advantages the Plan has to offer. We could have hoped for a far wider participation during the three years the Plan has operated, but if the present rate of increase continues for the next few years, a very satisfactory position will be attained.

C.D.A. Group Office Overhead Expense Policy

We do not yet have an Office Overhead Expense Policy in operation, but it became obvious during 1960 that there would be a widespread acceptance of such a Plan, particularly if it were on a national basis and did not necessitate medical insurability. The administrative office therefore gave this matter considerable thought and investigation for several months, and having arrived at what is considered a very satisfactory and advantageous conclusion, presented a Plan to be underwritten by the Mutual of Omaha.

Very briefly, the Plan will pay for office expenses incurred while unable to practise as a result of Sickness or Accident for a period of up to 18 months for any disability, subject to a 30-day Elimination Period. The policy runs to age 70 and all members not yet 69 years of age are eligible. If the response is sufficient, all who apply during the initial enrolment period will be accepted, regardless of medical history, impairment, etc. The cost is low and can be deducted as an office expense for tax purposes. It is planned that the membership will be notified during April, 1961, and that the initial enrolment period will extend over the date of the C.D.A. Convention. I hope that there will be satisfactory results to record when I present the next report.

The following statistics are presented in the same manner as previous years and show the percentage gains from 1959.

Contracts in force — C.D.A. Pension

	Change from 1959	
Assurance Plan	1,334	+ 6%
Members — C.D.A. Hospitalization Groups	2,377	+ 3%
Members — C.D.A. Retirement Savings Plan	430	+ 14%
(of which 28 have made no deposit)		

Premiums Received for 1960

C.D.A. Pension-Assurance Plan	\$301,330	+ 11 %
C.D.A. Hospitalization Groups	\$210,087	+ 2 %
C.D.A. Retirement Savings Plan	\$364,524	+ 21 %

J. T. STADDON,
Administrator

Appendix E

SCIENCE FAIRS

Science fairs are a dynamic force in the United States and are catching on in Canada, promoted by the Canadian Science Fairs Council.

A science fair is an annual exhibition of students' scientific projects, experiments or collections. The purpose of a science fair is to show graphically the scope and magnitude of the creativeness and enterprise of which young scientists are capable. The interest stirred by participation in a science fair encourages young people to think seriously about careers in scientific fields.

Science fairs may be sponsored by schools, service clubs, professional societies or other groups. Newspapers have assisted in promoting interest in the fairs to boost participation and public attendance.

The Canadian Science Fairs Council coordinates activities of fairs held in schools, cities or regions and hopes soon to hold a national science fair. The following organizations are sponsors of the Council:

- Agricultural Institute of Canada
- Canadian Association of Physicists
- Canadian Conference on Education
- Canadian Education Association
- Canadian Teachers Federation
- Canadian Universities Foundation
- Chemical Institute of Canada
- Geological Institute of Canada
- Engineering Institute of Canada
- Canadian Medical Association
- Canadian Federation of Biological Societies

Sponsors may assist in the operation of local science fairs by providing judges and by offering advice on projects. No financial commitment is asked by the council.

With support from the Chemical Institute of Canada, the Canadian Science Fairs Council has operated through an interim secretary. Funds are being raised (not from sponsors) to establish a headquarters office with a permanent staff.

The Canadian Dental Association and the Royal Astronomical Society of Canada were accepted as sponsors in April, 1961.

LOCATIONS OF ANNUAL MEETINGS

1945	Winnipeg	1953	Montreal
1946	Toronto	1954	St. Andrews
1947	Digby	1955	Toronto
1948	Murray Bay	1956	Banff
1949	Saskatoon	1957	Winnipeg
1950	Toronto	1958	Montreal
1951	Ottawa	1959	Halifax
1952	Vancouver	1960	Ottawa

Confirmed Future Locations

1961	Saskatoon	-	-	-	May 31-June 3	4-7
1962	Vancouver	-	-	-	May 30-June 2	3-6
1963	Toronto	-	-	-	May 15-May 18	19-22
1964	Edmonton	-	-	-	June 24-June 27	28-July 1
1965	Quebec City	-	-	-	May 26-May 29	30-June 2
1966	—					
1967	Toronto					
1968	—					
1969	Winnipeg (tentative)					

COMMENT AND ACTION

- 1-3. Information.
4. Agreed.
5. We reiterate congratulations.
6. Noted.
- Appendix A
 - (a) Agreed to such a study.
 - (b) Agreed.
 - (c) Details on these would be left to local convention committee.
 - (d) Agreed.
 - (e) Agreed.
7. We agree and offer hearty congratulations.
8. Approved.
- 9-12. Agreed.
- 13-15. Noted.
16. Noted and agreed.

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17. Noted with approval.
18. Noted.
19. Agreed.
20. Progress noted.
21. Agreed.
22. Noted.
23. Noted. Appendix G: we agree in principle.
24. Agreed.
25. Noted with satisfaction.
26. Noted.
- 28-29. Agreed.
30. Noted with satisfaction and we draw this matter to attention of Special Resolutions Committee.
- 31-32. Noted.
33. Noted with satisfaction in excellent progress.
- 34-35. Agreed.
36. Noted.
37. Noted. (Revised edition has been sent to all C.D.A. members).
- 38-39. Noted.
40. Noted. This is dealt with in the Headquarters Property Committee report.
- 41-42. Noted.
43. Agreed.
44. Noted. This would require an amendment to the by-laws.
45. Noted.
46. Agreed and in future an alternate to the representative should be named.
47. Noted with approval. We recommend that suitable appointment be made by the Executive Council.
48. Approved by unanimous standing vote of Board of Governors.
Adoption of this report is recommended.

APPROVED

MEMBERS: *R. P. Lowery, Chairman, Toronto, Ont.; G. V. Fisk, Toronto; H. W. Reid, Toronto.*

REPORT

1. Once again it is a pleasure to report that the headquarters property is being maintained in a state of good repair.
2. The inventory of furnishings and equipment was extended to include purchases to the end of 1960. Undepreciated value of items listed is slightly in excess of \$43,000. The amount of insurance coverage of building contents is in line with the inventory.
3. This committee reported last year that the headquarters building is being used to capacity and, in some areas, beyond capacity. The Board of Governors last year approved the appointment of a full time editor; asked the Executive Council to consider establishing another bureau with a suitable director; and referred to this committee the need for increased library accommodation. Because of these needs, and because of projected additional expanded services in future, and because of the need to relieve present overcrowding, a resolution (Transactions 1960:143) was approved by the Board instructing this committee to study the requirements for future use of the building and report recommendations to the 1961 meeting.
4. The property committee met several times and the chairman met once with the Executive Council for clarification of details. After preliminary discussions, the committee decided to retain the services of an architect so that some concrete proposals might be developed. The firm of architects is the same firm which was in charge of renovations when the building was purchased.
5. Preliminary plans and estimates have been prepared for this meeting. Copies of the architect's written proposals appear as Appendix A of this report. After thorough discussion and careful consideration, the property committee approved the following motion:

That it is the considered opinion of this committee that reconstruction of the present building is not economically feasible or practical and that this committee recommends that additional facilities be provided by constructing a separate entity at the rear of the present building as set forth in the architect's design.

This committee awaits further instruction from the Board.

Appendix A

(1) letter from architect, February 14, 1961:

"Subsequent to our discussion in your office on January 31, we have

HEADQUARTERS PROPERTY

carried out a preliminary investigation of the feasibility of an extension such as you proposed.

While such an addition is possible, it presents considerable difficulty in underpinning the existing structure while removing the exterior bearing walls. This underpinning would have to be undertaken before commencement of any demolition work, and, during the greater part of the construction period, occupancy of a major portion of the existing premises would be impossible.

You will appreciate that cost estimates at this stage are tentative, but they do represent in general terms the probable required budget.

For underpinning the existing floors and roof, removing the exterior wall at the front and side from basement floor to underside of the roof, removing mechanical and electrical items, existing porch, foundation and entrance steps — \$25,000.

The cost of the addition in the basement and on two upper floors would be an additional \$50,000 - \$60,000.

This represents a total expenditure which does not seem practical in view of the space gained. On the other hand, the additional space required at present would not seem to warrant abandoning the present excellent location and valuable property.

In view of the foregoing, we have given the problem additional consideration, and have a proposal which may answer your present needs at considerably less capital expenditure, as well as allowing for unlimited expansion on the present site at some time in the future. I would be happy to discuss the feasibility of this alternative with you at your convenience."

(2) letter from architect, May 10, 1961:

"Pursuant to our report of February 14, 1961, we have developed a proposal for the extension which should meet your present needs and allow for greater flexibility in future development.

The proposed addition is two storeys high, with the main floor at grade level. This puts the new floors on a split-level relationship with the existing basement, first, and second floors. Existing office areas on both floors thus have access to the new area through one half storey change in level. Similarly, the new printing area is only one half level away from the existing basement, while being at the grade level, for convenient shipping and receiving.

By constructing the addition as a separate entity, with its only connection to the existing premises through a stairwell, demolition and alteration costs are kept to an absolute minimum, as well as disruption to the functioning of the existing offices during the construction period being avoided. Similarly, if any larger scale development is visualized on this property in the future, the present addition may be easily incorporated into the whole scheme, and may continue to function during demolition and reconstruction of the present building.

HEADQUARTERS PROPERTY

We have considered the possibility of making structural provision for future floors above the present proposed addition, but feel that it is not warranted. If further accommodation is required at any future date, it would seem to suggest that the present converted house be pulled down, and the whole development be then correlated into one efficient building specifically designed for your needs.

The lower floor of the proposed addition is kept back from the south side, allowing access to the parking area in the rear, which allows for nine car spaces. This is the maximum number of cars that can be parked under any such development.

As you are aware, any physical extension of your present premises contravenes the existing zoning by-law, but, subject to your approval in principle, we are prepared to submit the design proposal to the Committee of Adjustment for ruling.

The tentative cost of such an addition will be in the region of \$45,000 - \$50,000 depending on finish details of construction."

COMMENT AND ACTION

1-2. Noted.

3-4. Information.

5. Approved.

We commend the committee for their excellent report and recommend its adoption.

APPROVED

Resolution:

Whereas anticipating that the present headquarters building is not adequate for any administrative expansion, and

Whereas since thorough consideration has been given to the advisability of moving the headquarters to other areas, therefore be it

Resolved that the Board of Governors of the C.D.A. undertake to provide for additional accommodation on the present property and instruct the Headquarters Property Committee, in consultation with the Executive Council, to proceed with this project.

ADOPTED

HOSPITAL SERVICES

MEMBERS: *A. A. Antoni, Chairman, Toronto, Ont.; R. E. Booker, Kitchener, Ont.; A. S. Brown, Toronto; G. Chesnay, Montreal, P.Q.; A. E. Hoffman, Halifax, N.S.; R. K. Lindsay, Vancouver, B.C.; E. P. Luxford, Calgary, Alta.; P. T. Smylski, Hamilton, Ont.; D. M. Tanner, Toronto; J. A. Sherman, Toronto; T. B. Van de Mark, Toronto.*

REPORT

1. This committee has held three meetings since the last Board of Governors' meeting. At the first meeting, the Chairman welcomed Drs. Booker, Brown, Smylski, and Van de Mark, the newly elected members to the committee.
2. The committee has received numerous letters from hospital administrators and dentists requesting information pertinent to the establishment of dental departments in hospitals. These were all answered to the best of our abilities. Copies of "Model By-Laws for Public Hospitals Dental Service", and "Policies and Regulations Governing Hospital Dental Services", were mailed out where indicated.
3. There were also several requests by chiefs of dental services for guidance in granting specific dental privileges to members of their staffs. For this reason the committee decided to work out a set of "Rules and Regulations Controlling Dental Staff Privileges in Hospitals". This appears as Appendix A of this report.
4. The committee expressed grave concern at the fact that the Canadian Council on Hospital Accreditation was requesting hospital boards to set up dental departments, and to draw up separate dental staff by-laws and regulations; and to the fact that these things were being done without consultation with the profession. Accordingly, a letter was drafted to the Chairman, Council on Hospital Accreditation, suggesting that we explore a method of dental representation on the Canadian Council of Hospital Accreditation. We are happy to be able to report that the Council has viewed our request most kindly, and has asked us to send representatives to the Council's next annual meeting.
5. The committee has appointed the chairman, Dr. A. A. Antoni and Dr. W. J. Dunn, Registrar, Royal College of Dental Surgeons of Ontario, as our representatives to the next meeting of the Council on Hospital Accreditation. It is planned to prepare a brief outlining our case and have it ready for presentation at the meeting.
6. Dr. Antoni represented the committee at the Advanced Institute on Hospital Dental Services, sponsored jointly by the American Hospital Association and the American Dental Association and held in Chicago on November 28, 29, 30 of last year. He reported most favourably on this meeting, and expressed the hope that similar work shops might be instituted here in the not too distant future.

7. Reprints of some of the papers presented at the above mentioned institute were generously donated to us by our American friends, and these are available for the asking at headquarters.

8. The committee received applications for approval of dental internships from the Montreal General Hospital, Montreal Children's Hospital and the Hospital for Sick Children, Toronto. These were dealt with and submitted to the Council on Education with the committee's recommendation.

There were also two applications for approval of dental services, and these will be formally dealt with after the committee has had an opportunity to visit and inspect the dental departments concerned.

9. Again, the chairman wishes to take this opportunity to express a vote of thanks to all the committee members and all others who helped the committee most generously this past year.

A special vote of thanks goes to Miss Collins of the headquarters staff, for her contribution with regard to preparing the minutes of meetings, and getting out a lot of correspondence.

10. Recommendations

(a) This committee would like to see a serious effort made by all dental chiefs to control staff privileges, so that dentistry will never be exposed to criticism in our hospitals.

(b) Any suggestion for inclusion in our discussion with the Council on Hospital Accreditation will be greatly appreciated.

(c) We would like again to suggest that consideration be given to the question of hospital training at the undergraduate level in our dental schools, and at the graduate level in the form of institutes and work shops.

Appendix A

RULES AND REGULATIONS CONTROLLING DENTAL STAFF PRIVILEGES IN HOSPITALS

1. When so authorized, a department responsible for hospital dental care, shall be established, and designated as the "Department of Dentistry".
2. The Department of Dentistry shall be organized under the *direction* of a dentist, whose title will be "Chief of the Department of Dentistry", or a comparable title as used in other departments in the hospital.
3. Appointments of the Dental Staff shall be made after consultation with the Dental Advisory Committee of the Hospital. If no Committee exists, the Board shall consult with the local society. Appointments will be identical with those of the General Staff, namely: —

HOSPITAL SERVICES

Consulting, Active, Associate and Courtesy. The Active and Associate shall have the right to vote and hold office. The Executive Committee of the Dental Department shall be made up of the Chief of the Department, two Active members and one Associate member.

4. Members of the Department of Dentistry, with surgical privileges, are subject to the By-laws of the Medical Staff and to the Rules and Regulations of the Department of Surgery pertaining to admissions, scheduling of operations, consultations and maintenance of records.
5. Operating Room privileges shall be extended in accordance with qualification, training, experience and technical ability of each member, and approved in relation to privileges in surgical procedures usually performed in the general practice of dentistry or in the specialized practice of oral surgery. These privileges will be designated, on recommendation of the Executive Committee of the Dental Staff through the Executive Committee of the whole staff.
6. The following procedures shall be extended to members in the general practice of dentistry, at the discretion of the chief of service:
 - (a) Extraction of teeth — surgical and routine.
 - (b) Preparation of the jaws for prosthesis i.e., alveoloplasties.
 - (c) Surgical removal of pathological conditions associated with the teeth — cysts, abscesses, residual roots.
 - (d) General operative dentistry for treatment of caries, and for replacement of teeth.
 - (e) And other dental procedures, which the member is judged capable of performing.
7. The following procedures shall be extended to members, who hold certification or fellowship or board diploma, in the specialty of Oral Surgery.
 - (a) Surgical procedures as listed in the above section under the general practice of dentistry.
 - (b) Treatment of infections of the mouth and jaws.
 - (c) Treatment of fractures of the jaws and associated bone structures, by open or closed reduction.
 - (d) Surgical management of temporo-mandibular derangements.
 - (e) Surgical treatment for congenital and acquired deformities of the jaws.
 - (f) Excision of cysts and tumours of the oral cavity.
 - (g) Excision of abnormal frenum of the lip or tongue.

- (h) Excision of cysts of the mucous glands, cysts or calculus of the salivary ducts and glands.
 - (i) Removal of teeth and roots from the maxillary antra, and closure of oro-antral fistula.
 - (j) And other oral surgical procedures, which the man is capable of performing and at the discretion of the chief of service and the chief of oral surgery.
8. Consultations with other departments shall be sought, where deemed advisable for the benefit of the patient.
 9. The Chief of the Department shall also be responsible for the organization of additional sections in 1. Prosthodontics, 2. Periodontics, 3. Orthodontics, 4. Paedodontics, etc., when indicated.
 10. Application for staff appointments to the Dental Department shall be referred to the Chief of that Department, for approval by the Credentials Committee before recommendation for approval by the Medical Advisory Board.
 11. Regular meetings of the Dental Staff shall be held monthly, except during the summer months.
 12. Routine procedures of the admission and treatment of surgical patients:
 - (a) The dental department shall abide by all rules and regulations of the hospital governing the admissions and treatment of patients.
 - (b) A qualified anaesthetist shall be secured prior to the time of surgery.
 - (c) Physical examination shall be done by a qualified physician. An oral examination shall likewise be completed by the dental staff member, prior to operation.
 - (d) A urinalysis, white blood count, and either a hemoglobin or hematocrit determination shall be done on all patients admitted to the hospital.
 13. Operating room technique must follow accepted standards.
 14. No patient shall be operated on, including emergencies, without a pre-operative note on the progress record.
 15. Members of the Dental Department who have the privilege to cause patients to be admitted and discharged from hospital, must accept all the responsibilities pertaining to that privilege.

HOSPITAL SERVICES

16. Members of the Dental Staff have the obligation of increasing their knowledge and technical ability by application and study.

ADOPTED

COMMENT AND ACTION

1-2. Information.

3. Noted. We recommend the adoption of the "Rules and Regulations Controlling Dental Staff Privileges in Hospitals".
4. Information. It is gratifying to see liaison established between the Hospital Services Committee and the Canadian Council on Hospital Accreditation.

5-8. Informative.

9. We approve.

10. (a) Agreed.

(b) Noted.

(c) We strongly urge that action be taken in this regard.

We recommend the adoption of the report.

APPROVED

MEMBERS: *J. D. Purves, Chairman, Toronto, Ont.; M. G. Boyes, Toronto; J. A. Fortier, Montreal, P.Q.; E. R. W. Bilkey, Toronto; W. H. Feasby, Hamilton, Ont.; J. F. Tilson, Toronto.*

REPORT

This council has pleasure in reporting the close of a fruitful year in dental journalism and anticipates further progress in the next year.

1. As a result of two board resolutions the council has acted as follows:
 - (a) Digests of council and committee meetings have been published with a view to keeping the membership informed of national activities.
 - (b) Through a budgeted allowance the council has agreed to initiate a program whereby the editor can be given the opportunity of travelling to the various provinces in Canada, with a view to coordination of provincial editors' activities; thereby aiding the flow of communication and inherent philosophies; so as to better weld the cause of Canadian dentistry.
2. This council has adopted a code of advertising standards in keeping with the dignity of the dental profession. These are listed as follows:
 - (a) Claims shall not be deceptive or misleading.
 - (b) Claims made for superiority should be based on adequate evidence acceptable to the Canadian Dental Association.
 - (c) Unfair comparisons to disparage a competitors' product or service, as to price or quality, shall not appear in the content.
 - (d) Excerpts from published papers shall not distort the meaning intended by the author.
 - (e) In general all advertising shall be in keeping with professional ethics, and not violate any government regulation or statute.
3. As a result of an increase in advertising rates and constant control over the vagaries of the publishing field by Mr. Gordon Allen, we are pleased to report a profit of \$4,325.71 for 1960. It is to be hoped that, in spite of early trends toward business recession this year, we may again close the year with a surplus.
4. The appointment of a full time editor plus an anticipated 5% increase in printing rates necessitate the budgetary increase.
5. That article IX, section 4(d) of the by-laws be amended by deleting paragraph 3. In order that the Council on Journalism be brought in line with other councils and committees, the new by-laws require the Executive Council to be directly responsible for the finances of the Association and thereby make report through the Treasurer at the Annual Meeting.
6. That the budget for the Journal be included in the Association budget, and hence the annual statement of the Association will reflect the same.

7. The members of this council are most pleased to already observe the tremendous potential in our full time editor. In this most vital and exciting role, Dr. Frank Compton has applied himself in a most dedicated fashion. As the new chairman of this council, I most sincerely subscribe to the statements made by the retiring chairman in his 1959 report. Already many of his recommendations are rapidly reaching fruition.

8. The reports of the Editor and French Editor are included for your consideration as Appendix A and Appendix B.

Appendix A

REPORT OF EDITOR

1. The editor is privileged to submit the following report. In doing so, he desires to record his sincere gratitude to Dr. Bilkey, the former editor; to Dr. Gullett, the managing director; to Mr. Allen, the publishing agent and advertising manager; and to the chairman and members of the Council on Journalism for their kind assistance during the probationary period of the past nine months while he mastered the technicalities associated with publication of the Journal.

2. Some alterations were made in the format of the Journal in January, 1961 in order to give effect to the recommendations of the Board of Governors with respect to enhanced coverage of issues of importance to the profession in Canada. Contents of the Journal have been regrouped into eleven departments, thus conferring a greater measure of identity to the editorial copy. Bilingual summaries of leading articles have also been re-introduced.

3. The publication and distribution of a Council report, "Preparation of Manuscripts for Publication in the Journal of the Canadian Dental Association" (Volume 27 — No. 3 — March 1961) has proved rather helpful to potential authors as well as to the editorial office during the limited period of time since it was circulated. Reprints of the report have been distributed to the deans of all Canadian dental schools, to the committee on War Memorial Awards, and to all provincial associate editors. The report presents an outline of requirements for the guidance of authors who desire to prepare manuscripts for publication in the Journal.

4. On February 15-16, the editor visited Montreal in order to confer with Dr. de Montigny, the French editor, Dr. Schultz, the associate provincial editor for Quebec, and to visit the two dental schools in that city. This visit was extremely valuable in that it permitted personal consultation on problems which cannot be satisfactorily dealt with by correspondence. The associate provincial editor remarked that this was the first occasion on which he had

personally met the editor for purposes of consultation. It is likely that similar visits to other university centres as well as for consultation with the other provincial associate editors may prove equally fruitful. A program of selected visitations as envisaged by the Executive Council would seem to be admirably suited for this purpose.

5. On March 13-15, the editor attended the conference on Dental Journalism at the American Dental Association Headquarters in Chicago. Need for the adoption of "Standards for Advertising" by component and constituent dental society publications was the major topic of discussion at this conference. The editor was privileged to visit the publication facilities of the American Dental Association and to confer with staff members on matters of mutual interest.

6. A national professional publication must cater to a large audience with varied tastes and interests. The Journal of the Canadian Dental Association, therefore, publishes articles reflecting a wide range of opinions and techniques, provided they meet ordinary standards of scientific thought, rational procedure and literary presentation. In the Journal are reported the activities of Association Bureaux, committees and councils as part of a program designed to keep members of the profession informed of the development and institution of Association policies. The Journal also publishes domestic and international dental news considered to be of scientific, social or political significance. In all these varied fields the Journal endeavours to fulfil the obligations not only of a professional publication for the dentists of Canada but also as the most tangible reflection of Canada's dental profession on the international scene.

7. Unfortunately some difficulty has been experienced in the fulfilment of these obligations on account of the time taken up by attendance at Association Bureau, Committee and Council meetings, visits to Montreal and Chicago, and attendance to the continuing details of Journal production. The problem, which may increase with an expanded program of visitation, is being brought to the attention of the Council on Journalism.

8. The editor desires to thank all those who have contributed to the Journal in various ways during the past year.

Appendix B

REPORT OF FRENCH EDITOR

1. The editor of the French section of the Journal of the Canadian Dental Association is particularly happy to present his annual report to the Board of Governors because, during the past year, many of the objectives that were set in previous reports have come into realization.

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(a) Summaries of English and French Articles

Back in 1950, the annual report of the French Editor outlined the advantages of having summaries of both the English and French articles (Transactions 1950, page 99, paragraph 2). This procedure is now followed for every issue of the Journal and the form should improve as time goes on.

(b) Appointment of Associate Editors

In last year's report, the French editor suggested to appoint three associate editors, one from each of those three cities, Quebec, Three Rivers and Sherbrooke (Transactions 1960, page 200, paragraph 3).

The editor was fortunate to interest to this function three men of high literary talent and great intellectual integrity. These men are:

Paul Simard, from Levis

Marius Crete, from Shawinigan

Charles Tessier, from Sherbrooke

These men have accepted to become associate editors of the Journal and their names have been approved by the corporate body of the province. I suggest that these members be appointed as associate editors.

Periodic meetings of this editorial board shall be arranged to establish a policy for the section of the Journal that would represent the thoughts of the whole French-speaking dental profession of this country.

(c) Uniformity of English and French Sections

Through commendable efforts by the Editor of the English section, considerable steps were taken to bring more uniformity in the form of both sections. This was a wish that may not have been expressed in the past, but which was pursued by all in relation to the Journal. The setting of articles, the titles of sections and even the type used for the printing of the copy are now uniform and should attain near perfection standards in a near future.

2. Original Articles

During the past year, the Editor received excellent collaboration in the submission of original articles for publication in the Journal. The content of these articles was more diversified and the articles themselves were in a much better form of presentation. Real improvement is noted in the original articles submitted, both in quality and quantity. The section lacks the necessary space for the publication of all these articles.

3. Reprints of Articles

Complaints have been received regarding the quality of the reprints of articles published in the Journal. Comparison with reprints from other

publications shows that our reprints are inferior at least as far as reproduction of cuts is concerned. The period of time required to fill up the orders for reprints seems also somewhat too long.

It may be pointed out that the cost of the reprints should not be taken into too much consideration, as, most of the time, these reprints are paid by institutions, which have a special budget for this purpose. Also, it must be remembered that these reprints in many instances are sent out of the country and may have an important bearing in the public relations of the Journal.

4. Reports of C.D.A. Activities

The French section, to keep the French-speaking members fully informed of the C.D.A. activities, should publish interim reports or informations from Bureaux, Councils and Committees of the Association.

The Governors Letters are already translated and published in the section, but some means should be found to publicize more thoroughly the policies and achievements of the C.D.A. in its different fields.

5. Relations With the Editor of the English Section

The relations between the French Editor and the English Editor are excellent. During the past year, both editors had the opportunity to discuss at length certain problems regarding the policy and the uniformity of the Journal. The French Editor had then the occasion to meet a man of high ideals, a man whose objectives are clear in his mind and whose capacity for work is "formidable". Since this meeting, your French Editor has to assign to his work about twice the amount of energies that he was used to.

This is what he gained from spending a few hours with Dr. Frank Compton!

Recommendations

1. Approval of three associate editors.
2. Study by the Council on Journalism of the procedure followed for reprints in view of improvement, if feasible.
3. Additional pages for the French section of the Journal.

Appendix C

AUDITORS' REPORT

We have examined the accounts of the Council on Journalism (formerly Committee on Publications) of the Canadian Dental Association for the year ended December 31, 1960 and report that, in our opinion, the accompanying balance sheet and related statement of revenue and expenditure present fairly

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the financial position of the Council as at December 31, 1960 and the results of its operations for the year ended on that date, according to the best of our information and the explanations given to us and as shown by the books.

Toronto, Canada, THORNE, MULHOLLAND, HOWSON & MCPHERSON,

January 21, 1961.

Chartered Accountants

COUNCIL ON JOURNALISM
(formerly Committee on Publications)

BALANCE SHEET

Assets

CURRENT ASSETS

Cash	\$ 12,662.93	
Account receivable	2,821.06	
Prepaid expense	831.43	
	<u> </u>	16,315.42

FIXED ASSETS

Office furniture and fixtures	1,247.02	
<i>Less</i> Accumulated depreciation	1,170.22	
	<u> </u>	76.80
		<u>\$ 16,392.22</u>

Liabilities

SURPLUS

Surplus, December 31, 1959	\$ 12,066.51	
Surplus for year 1960	4,325.71	
	<u> </u>	16,392.22
		<u>\$ 16,392.22</u>

STATEMENT OF REVENUE AND EXPENDITURE

Revenue

Advertising	\$ 58,080.50
Canadian Dental Association grant	15,000.00
Subscriptions	1,079.06
Donations	45.45
	\$ 74,205.01

Expenditure

Honoraria to editors	9,825.00
Expense allowances	1,865.85
Editor's office expenses	1,341.64
Publishing the Journal	33,419.20
Commission, publishers	12,601.51
Agency commission	7,674.47
Cuts and postage	2,400.57
Depreciation, office furniture and fixtures	92.85
Office and general expense	658.21
	69,879.30
Surplus for year	4,325.71
	\$ 74,205.01

COMMENT AND ACTION

1. (a) Information.
(b) Noted with approval.
2. Noted with approval. Such action is imperative for a professional journal.
3. Noted with enthusiasm.
4. Agreed.
5. Concur.
6. Approve.
7. We heartily concur.

The Council on Journalism is to be congratulated for the excellent progress made during the past year. It is particularly noted that the chairman is serving in such capacity for the first time.

8. Report of the Editor — Appendix A
 1. Noted.
 2. The editor is to be commended for these improvements.
 3. Noted with approval.
 4. Splendid — should continue.
 5. Excellent co-operation between the Canadian Dental Association and the American Dental Association is noted.

JOURNALISM

6. Information.

7-8. Noted.

The editor should be commended for the progress he has made during such a short time in office.

Report of the French Editor — Appendix B.

1. Very gratifying.

(a) Information.

(b) Appointment of assistant editors is a very splendid move especially in view of the expanding scope of the Journal.

(c) Excellent.

2. Noted.

3. Information.

4. Noted.

5. Very courteous remarks.

Recommendations of the French Editor should be referred to the Council on Journalism.

It is interesting to note that some of the Journal dreams of the French Editor have come true. The Canadian Dental Association is fortunate to have as French Editor of the Journal a man of such high calibre and clear thinking as Gerard de Montigny.

It is recommended that the report of the Council on Journalism including Appendix A and Appendix B be approved.

APPROVED

MEMBERS: *A. H. Crowson, Chairman, Ottawa, Ont.; J. F. French, Ottawa; T. J. Cooke, Winnipeg, Man.*

REPORT

The Council on Legislation begs to report that, with the exception of the undernoted, no legislative changes pertaining to dentistry have occurred at the federal or provincial level in Canada since this committee's last report to the meeting in Ottawa, September, 1960.

1. Ontario

(a) The Dental Technicians' Amendment Act 1960-1961.

- i Other than Section 6(3) and Section 7 under this act all amendments are indigenous to the Governing Board of Dental Technicians and in no way affect the dental profession.

Section 6(3) provides that no person other than a registered dental technician be permitted to engage generally in the service of dentists or two or more dentists unless —

1. All such dentists are practising together in the same suite of offices in the building.
2. All such dentists are practising in association with one another and jointly sharing the general expenses of their practices.
3. No more than three dentists are so associated.
4. Any such person is a salaried employee of such dentists and recorded as such with the Income Tax Department and the Unemployment Insurance Commission.
5. No dental laboratory services are furnished by the association or by the employee for any person other than the members of the association.

- ii Section 7 provides for incorporation as long as

1. The majority of the common shares are held by a registered dental technician.
2. At least one member of the Board of Directors is a registered dental technician.
3. A registered dental technician is in charge at all times of actual operation.

(b) The Fluoridation Act 1960 — 1961

- i Essentially this statute makes it possible for the council of a local municipality in Ontario to effect by-laws to conduct a fluoridation program without the necessity of a plebiscite. However, there are certain provisions which require the local council to conduct a plebiscite on its own volition should it not desire to assume personal responsibility. Once a plebiscite has been conducted, however, the local council must act upon the wishes of the majority. Thus should

LEGISLATION

the vote be affirmative the council then shall pass the necessary by-law. If the plebiscite is negative then the council is proscribed from enacting such a by-law.

- ii Also where a fluoridation system presently is operating the local council may discontinue the program or again it can operate on the basis of the plebiscites as above.
- iii A further provision enables 10% of the eligible electors of any municipality to force the local council to conduct a plebiscite. Thus if a council proposes to fluoridate its water supply a certified petition signed by 10% of the eligible electors can cause the council to conduct a plebiscite before instituting the procedure. The reverse is also true. If a local council decides not to fluoridate its water supply it is possible for 10% of the electors again to force a plebiscite in the hope of achieving an affirmative result.
- iv Where a common water supply is rendered to two municipalities then both councils must agree. Again the provisions for plebiscites remain the same. Where there are more than two municipalities receiving water from a common supply then the majority of the councils must be in favour.
- v Because of the nature of the legislation which has established the municipality of Metropolitan Toronto there are special provisions for this area. The Metropolitan Council has full authority to fluoridate the water supply of its own volition. In addition the Council can fix a date for a plebiscite to be conducted by each of the thirteen area municipalities. Again the Metro Council must act upon the wishes of the majority. Where petitions are developed to require the Council to conduct a plebiscite it again is necessary for 10% of the electors in a majority of the municipalities to indicate their desires by signing the petition. In Metropolitan Toronto this would mean that 10% of the eligible electors in seven of the area municipalities must have their signatures certified on such a petition. Again the Metro Council must act upon whatever the petition determines.
- vi Final authority for the enactment of regulations respecting equipment, processes, and the nature and amount of the chemical compounds being employed rests with the Provincial Cabinet.

(c) The Hypnosis Act 1960-1961.

This act provides that no person shall hypnotize or attempt to hypnotize another person unless he is a physician or dentist using hypnosis in the practice of his profession, or unless he is a psychologist registered under the Psychologists' Act and using hypnosis on the request of or in association with a legally qualified medical practitioner. In addition provision is made for students in the above disciplines.

In addition the provincial cabinet has the authority to make regulations designating classes of persons other than those mentioned above who could engage in hypnosis. No such regulations have as yet been effected.

2. Alberta

Three Bills were adopted by the legislature at the recent session.

(a) Bill 52 amending the Dental Association Act. This bill was introduced as a government measure and clarifies several procedures under the existing act.

(b) Bill 55 — An Act respecting Dental Technicians. This bill was also introduced as a government measure with the approval of the Alberta Technicians Association and the Alberta Dental Association. The bill is based almost entirely on the Ontario Dental Technicians' Act.

(c) Bill 59 — Originally introduced as a bill to incorporate the Alberta Public Denturists Society and altered in committee to a bill to incorporate the Alberta Certified Dental Mechanics Society, this bill was introduced as a Private Members' Bill. The Bill grants permission to manufacture full dentures directly for persons in possession of an oral health certificate issued by a qualified dentist or physician.

3. Federal

(a) Prime Minister Diefenbaker has announced the establishment of a Royal Commission of Health Services. The commission's terms of reference will likely include a study of the adequacy and availability of personal health services for the prevention, diagnosis and treatment of Canadians and for rehabilitation services. It is expected to make recommendations on ways and means of remedying existing deficiencies in health services.

(b) In announcing the commission, Mr. Diefenbaker said representations had been made to the government emphasizing the need for "a comprehensive study of Canada's national health requirements, and the existing deficiencies in health care, with a view to consideration of the establishment of a national health plan".

(c) Indications are that organizations representing the health professions will become deeply involved in increased activity as the result of establishment of the commission.

(d) Undoubtedly the extent and availability of present dental services for the Canadian people will be investigated by this Commission. We recommend that the Executive Council take whatever action it deems necessary or advisable in relation to the activities of the Royal Commission on Health Services.

4. Summary and Comment

(a) Since it is quite apparent that there is a growing tendency for certain groups mainly interested in furthering their own interests to attempt to

LEGISLATION

pressure governmental legislative bodies to grant an ever-increasing share of services at present rendered by dentists, be it resolved that this council favours the implementation at the earliest possible moment of the recommendations of the 1960 committee as recorded on page 181, section 16 of the Transactions of the Canadian Dental Association, September, 1960.

(b) The establishment of permanent legal help within the framework of the Canadian Dental Association would enable a far greater continuity of effort to be applied to this increasingly important side of dentistry than is possible under the rotation principle as it presently exists with respect to the legislation committee.

(c) The sincere thanks of the members of this committee is extended to the various provincial registrars and to Dr. Gullett for their one hundred percent cooperation and help in submitting prompt reports to this council for inclusion in this annual report.

COMMENT AND ACTION

1-3. Information.

4. (a) We most heartily concur.

(b)(c) Agreed.

We recommend the adoption of the report.

APPROVED

TRUSTEES: *E. R. W. Bilkey, Toronto, Ont.; J. P. Whyte, Swift Current, Sask.; D. W. Gullett, Toronto.*

REPORT

1. The library observed its tenth anniversary this past winter by publication of a new catalogue.
2. Almost 3,000 volumes are now in the collection, including 650 bound volumes of periodicals. The library regularly receives 175 dental periodicals from all parts of the world. About 200 medical publications and ten devoted to public health are also received. There is also a steady flow of newsletters, annual reports and miscellaneous bulletins. Films, speakers' kits and tape recordings are distributed by the library.
3. Storage space continues to be a problem, especially as the library provides indexing and filing of a broad range of information of particular use to the bureaux and also to the membership.
4. Last year was the first in which a financial grant by the Association was made to the library. This step was necessary because donations, which previously covered library purchases, fell off. Library finances come under a trust agreement and donations are tax deductible.
5. It is gratifying to note the recognition the library receives from many quarters. Particularly as the collection of non-scientific but associated dental information increases, journalists and others seek guidance here.

COMMENT AND ACTION

1. Informative.
2. Noted. We appreciate the steady growth and development of the library service.
3. Noted. This matter has also been considered by the Headquarters Property Committee.
4. Informative. We recommend that publicity be given to the fact that donations from members of the profession would be desirable.
5. Informative.

We recommend the adoption of the report.

APPROVED

MEMBERS: *F. H. Compton, Chairman, Toronto, Ont.; E. E. Martin, Vancouver, B.C.; R. A. Rooney, Edmonton, Alta.; F. R. Smith, Saskatoon, Sask.; W. G. Campbell, Winnipeg, Man.; W. J. Dunn, Toronto, Ont.; R. M. LeBlanc, Montreal, P.Q.; R. F. Sansom, Saint John, N.B.; G. M. Dewis, Halifax, N.S.; Heath McIntyre, Charlottetown, P.E.I.; G. P. French, St. John's, Nfld.*

REPORT

The Necrology Committee regretfully records the death of the following members since the last annual meeting.

Allen, Herbert Stanley — R.C.D.S. '12	Brighton, Ont.
Armstrong, Robert Milton — R.C.D.S. 1900	Ottawa, Ont.
Barker, Earl Stanley — R.C.D.S. 1900	Stouffville, Ont.
Beaulieu, Emile — Montreal '17	Quebec, P.Q.
Berst, Marlie Roy — R.C.D.S. '22	Wellesley, Ont.
Blanchard, James Edward — B.C.D.S. '16	Charlottetown, P.E.I.
Bleakley, Joseph A. — R.C.D.S. '08	Winnipeg, Man.
Burchell, Howard W. — Pennsylvania '94	Sydney, N.S.
Bulmer, William Henry — R.C.D.S. '98	Saskatoon, Sask.
Carson, Harold G. — Oregon	Victoria, B.C.
Chambers, Arthur William George — R.C.D.S. '17	Ottawa, Ont.
Church, Alan Lipsey — R.C.D.S. '10	Carberry, Man.
Clements, Robert Walter — R.C.D.S. '23	Watrous, Sask.
Cooke, Charles Algeo — R.C.D.S. '98	Sutton, Ont.
Cosentino, Michael Vincent — Toronto '30	Toronto, Ont.
Crawford, Edgar Harper — Northwestern '10	Victoria, B.C.
Crockett, John Roland — R.C.D.S. '16	Vancouver, B.C.
Donnelly, John Bellamy — R.C.D.S. '22	St. Catharines, Ont.
Fleury, Martial — Laval '14	St-Donat, P.Q.
Forsythe, Trueman O. — Tufts '15	Winnipeg, Man.
Fuller, William James — R.C.D.S. '13	Mitchell, Ont.
Galbraith, Evan McBean — Alberta '29	Edmonton, Alta.
Gifford, Wilfred Hyland — Toronto '25	Oshawa, Ont.
Gillies, John Archibald — R.C.D.S. '23	London, Ont.
Graham, Foster Melville — R.C.D.S. '21	Fenelon Falls, Ont.
Gray, Llewellyn McKinley — R.C.D.S. '24	
Hamilton, Ira Wilson — R.C.D.S. '22	Ottawa, Ont.
Hawkins, Morgan Stanford — R.C.D.S. '04	Port Hope, Ont.
Heath, Victor LeRoy — R.C.D.S. '04	Woodstock, Ont.
Henderson, Ronald — McGill '26	Eastend, Sask.
Hutchison, John — R.C.D.S. '98	London, Ont.
Hyman, Irving Lyon — Toronto '31	Moose Jaw, Sask.
Katzenmeir, Harry Michael — R.C.D.S. '17	Willowdale, Ont.

Kay, L. D. — R.C.D.S. '23	Sidney Mines, N.S.
Knight, Frederick Temple — R.C.D.S. '03	St. Thomas and Picton, Ont.
Lightstone, Louis Jules — McGill '25	Verdun, P.Q.
MacIntyre, Donald MacMaster — R.C.D.S. '04	Windsor, Ont.
MacKay, A. W. — Baltimore '05	Vancouver, B.C.
MacLeod, James Andrew — Dalhousie '34	Truro, N.S.
Marlatt, Samuel Paul H. — Northwestern '13	Powell River, B.C.
McDonald, John Allan — Toronto '28	Ripley, Ont.
McIntosh, Robert McPherson — R.C.D.S. '09	Windsor, Ont.
MacIntyre, Morton Aylesworth — R.C.D.S. '12	Edmonton, Alta.
McLeod, John Murray — R.C.D.S. '21	Toronto, Ont.
McNally, Ralph Dohner — Toronto '25	Toronto, Ont.
Mills, Morris Clark — R.C.D.S. '18	Fenelon Falls, Ont.
Mulloney, R. — Tufts '94	
Pallen, Robert Lister — Oregon '16	Vancouver, B.C.
Penwill, Frank Harire — Oregon '27	Vancouver, B.C.
Poirier, Lucien Hormisdas — Montreal '26	Montreal, P.Q.
Robinson, Thomas Albert — R.C.D.S. '21	Brampton, Ont.
Rouse, Dermot Murray — R.C.D.S. '22	Bancroft, Ont.
Rowe, Charles C. '98	Regina, Sask.
Rundle, John Edison — Chicago '08	Vancouver, B.C.
Schwalm, Russell George — Toronto '43	Mildmay, Ont.
Smith, Neil — R.C.D.S. '05	Chatham, Ont.
Swartout, Benjamin — Northwestern '13	Saskatoon, Sask.
Voisard, Armoury Charles — McGill '27	Montreal, P.Q.
Wallace, Carl Vivian — R.C.D.S. '09	Havelock, Ont.
Whyte, Gordon Wabum — R.C.D.S. '24	Peachland, B.C.
Williamson, Fred Lyell — R.C.D.S. '03	Hamilton, Ont.
Windrim, Harold Lincoln — R.C.D.S. '21	London, Ont.

The beautiful flowers have been placed on the table in memory of these departed friends.

A slumber did my spirit seal;
 I had no human fears;
 She seemed a thing that would not feel
 The touch of earthly years.
 No motion has she now, no force;
 She neither hears nor sees;
 Rolled round in earth's diurnal course,
 With rocks, and stones, and trees.

— William Wordsworth

NOMINATIONS

MEMBERS: *W. Miller, Chairman, Vancouver, B.C.; W. J. Riley, Winnipeg, Man.; A. G. Racey, Montreal, P.Q.; J. M. Darcy, St. John's, Nfld.*

REPORT

The Nominations Committee wishes to thank the chairmen of the various committees and councils for their helpful cooperation in the work of selecting personnel. Since the members of this committee are scattered from Vancouver to Newfoundland, it was quite impractical to call a meeting, and all the work had to be done by correspondence. In the main, letters to chairmen were replied to promptly and it was not too difficult to gather the necessary information. Thanks are also due to Mr. Kenneth Croft at headquarters for his valuable assistance.

While the terms of reference of the Nominations Committee are laid down in the by-laws, there are other considerations which we feel should be kept in mind by chairmen and those responsible for selecting personnel for committees and councils. Since the Nominations Committee acts, as far as possible, independently of the Executive Council, there are no directives from the Executive, and for that reason these other considerations are included in this report.

1. It is now established that the President-elect shall be Chairman of the Nominations Committee. This gives the incoming President an opportunity to select certain men, should he so desire.
2. Since the CDA is a national body it is desirable that the membership of committees and councils should have as wide a geographical distribution as possible, within the bound of practicability.
3. The CDA is comprised of one corporate body from each of the ten provinces. The selection of committee and council members should be done, therefore, with the cooperation and approval of the provincial body concerned, again as far as it is practical to do so.

In closing, the Nominations Committee wishes to thank those members of the profession who have indicated their willingness to serve by accepting nomination.

In conformity with the requirements of the by-laws, the retirement dates are included in this report.

<i>President</i>	— William Miller, Vancouver, B.C.
<i>President-elect</i>	— M. V. J. Keenan, Sudbury, Ont.
<i>Immediate Past-President</i>	— J. P. Whyte, Swift Current, Sask.

Executive

- Wm. Miller, Vancouver, B.C.
President and Chairman
- M. V. J. Keenan, Sudbury, Ont.
President-elect
- J. P. Whyte, Swift Current, Sask.
Past President
- R. Langlois, Quebec City, P.Q.
- J. Zimmerman, Calgary, Alta.
- P. S. Christie, Halifax, N.S.
- J. P. Coupland, Ottawa, Ont.

Councils:

Constitution and By-laws

- H. M. Cline, Vancouver, B.C. (1964)
Chairman
- G. V. Fisk, Toronto, Ont. (1962)
- K. M. Johnson, Winnipeg, Man. (1963)
- A. G. Racey, Montreal, P.Q. (1963)

Education

- J. P. Lussier, Montreal, P.Q. (1964)
Chairman
- T. J. Cooke, Winnipeg, Man. (1962)
- C. E. Dexter, Halifax, N.S. (1962)
- H. W. Reid, Toronto, Ont. (1963)
- H. R. MacLean, Edmonton, Alta. (1963)
- J. McCutcheon, Montreal (1964)

Ethics

- J. P. McGuigan, Halifax, N.S. (1963)
Chairman
- C. E. Dexter, Halifax (1962)
- H. J. Hann, St. John's, Nfld. (1962)
- H. N. B. Beach, Ottawa, Ont. (1964)
- R. J. McCarten, Winnipeg, Man. (1964)

Journalism

- J. D. Purves, Toronto, Ont. (1963)
Chairman
- M. G. Boyes, Toronto, Ont. (1962)
- W. H. Feasby, Hamilton, Ont. (1962)
- E. R. W. Bilkey, Toronto (1963)
- J. A. Fortier, Montreal, P.Q. (1964)
- J. E. Tilson, Toronto (1964)

Legislation

- A. H. Crowson, Ottawa, Ont. (1964)
Chairman
- J. F. French, Ottawa (1962)
- T. J. Cooke, Winnipeg, Man. (1963)

NOMINATIONS

Public Health

- F. McCombie, Victoria, B.C. (1963)
Chairman
- C. A. E. McCabe, Outremont, P.Q. (1962)
- Marjorie Jackson, Toronto, Ont. (1962)
- B. J. O'Meara, Charlottetown, P.E.I. (1963)
- A. R. S. Gray, Lethbridge, Alta. (1964)
- Advisory members:
Chairmen of provincial dental
public health committees

Research

- K. J. Paynter, Toronto, Ont. (1963)
Chairman
- A. F. Howatson, Ph.D., Toronto (1962)
- J. D. Purves, Toronto (1962)
- L. E. Francis, Montreal, P.Q. (1962)
- G. Connell, Ph.D., Toronto (1962)
- A. M. Hunt, Toronto (1962)
- C. D. Torneck, Toronto (1963)
- D. L. Anderson, Hamilton, Ont. (1963)
- A. E. Hoffman, Halifax, N.S. (1963)
- K. A. McMurchy, Edmonton, Alta. (1963)
- J. E. Anderson, Toronto (1964)
- R. Slater, M.D., Toronto (1964)
- J. D. Spouge, Winnipeg, Man. (1964)
- H. S. Grey, Toronto (1964)
- G. Nikiforuk, Toronto (1964)

Committees:

Auxiliary Services

- R. A. Rooney, Edmonton, Alta. (1963)
Chairman
- H. R. MacLean, Edmonton (1962)
- R. M. LeBlanc, Montreal, P.Q. (1963)
- G. Swann, Calgary, Alta. (1964)
- D. B. Ward, Montreal (1964)

Convention 1962

- L. F. Marshall, Vancouver, B.C.
General Chairman
- E. E. Martin — Co-Chairman
- D. G. Marshall — Secretary
- O. F. Wright — Treasurer
- J. C. Lewis and C. W. Gardner — Program
- R. C. Tully and A. M. Hayes — Exhibitors
- B. M. Plumb — Local Arrangements
- A. E. Swanson — Entertainment
- J. S. Baxter — Housing

NOMINATIONS

- G. A. C. Walley and J. S. Bricker
 - Art Exhibits
- D. J. Yeo — Publicity
- D. H. Warren and P. Boyle — Host
- C. E. Craig — Printed Program
- K. J. Waterman and K. R. McWilliams
 - Registration
- G. R. Nimmons — Sunday Entertainment
- S. R. Moscovitch and L. R. McBride
 - Golf
- Mrs. G. A. C. Walley — Ladies

Dental Services

- W. G. McIntosh, Toronto, Ont. (1964)
 - Chairman
- R. A. Clappison, Toronto (1962)
- W. H. Macneil, Halifax, N.S. (1962)
- L. Bernier, Quebec City, P.Q. (1963)
- W. J. Dunn, Toronto (1963)
- B. M. MacKenzie, Edmonton, Alta (1964)
- H. G. Pettapiece, Parksville, B.C. (1964)
- Advisory members:
- H. W. Reid, Toronto
- Chairmen Provincial Health Insurance
 - Studies Committees.

Headquarters Property

- R. P. Lowery, Toronto, Ont. (1962)
 - Chairman
- H. W. Reid, Toronto (1963)
- G. V. Fisk, Toronto (1964)

Hospital Services

- A. A. Antoni, Toronto, Ont. (1962)
 - Chairman
- J. A. Sherman, Toronto (1962)
- P. Smylski, Hamilton, Ont. (1962)
- A. E. Hoffman, Halifax, N.S. (1963)
- R. K. Lindsay, Vancouver, B.C. (1963)
- T. B. Van de Mark, Toronto (1963)
- R. E. Booker, Kitchener, Ont. (1964)
- A. S. Brown, Toronto (1964)

Necrology

- Editor, Journal of the C.D.A.
- F. H. Compton, Chairman — Toronto, Ont.
- Provincial Registrars

NOMINATIONS

<i>Nomenclature</i>	— H. A. Hunter, Thornhill, Ont.	(1962)
	Chairman	
	— J. W. Cole, Prof., Toronto, Ont.	(1962)
	— G. de Montigny, Montreal, P.Q.	(1963)
	— F. H. Compton, Toronto	(1963)
	— G. H. W. Lucas, Toronto	(1964)
<i>Specialists and Specialization</i>	— F. E. L. Priestley, Ph.D., Toronto	(1964)
	— M. A. Rogers, Montreal, P.Q.	(1963)
	Chairman	
	— P. J. Gitnick, Montreal	(1962)
	— H. T. Oliver, Montreal	(1963)
<i>War Memorial Awards</i>	— J. J. McCarthy, Montreal	(1964)
	— L. Lepine, Montreal, P.Q.	(1962)
	Chairman	
	— G. Baril, Montreal	(1962)
	— L. A. Gill, Montreal	(1963)
	— M. Lang, Montreal	(1963)
	— J. Findlay, Halifax, N.S.	(1964)

APPROVED

On nomination from the floor, James Zimmerman was elected to the Nominations Committee for a three-year term. Committee membership is as follows:

<i>Nominations</i>	— M. V. J. Keenan, Sudbury, Ont.	
	Chairman	(1962)
	— A. G. Racey, Montreal, P.Q.	(1962)
	— J. M. Darcy, St. John's, Nfld.	(1963)
	— J. Zimmerman, Calgary, Alta.	(1964)

EXECUTIVE: *H. E. Simmons, President, Vancouver, B.C.; F. Smith, Vice-President, Vancouver; A. Antoni, Secretary-Treasurer, Toronto, Ont.*

REPORT

1. Formation of a public relations committee with a permanent representative in each province.
2. Correspondence with members regarding coming convention.
3. The Society has given \$200 to the Educational Fund of the American Society of Oral Surgeons and received a lovely certificate acknowledging the donation.
4. This year again the Society is contributing to the expenses of the lecturer in Oral Surgery for the C.D.A. meeting (\$200).
5. The Society has decided to give to each dental Faculty Dr. Archer's Oral Surgery Directory of the World.
6. Four new members qualified and were accepted this year.
7. It was recommended that each member encourage an undergraduate to study Oral Surgery.
8. It was recommended and accepted that the next lecturer in Oral Surgery be a member of the Society.
9. The 1961 annual meeting will take place on Sunday, June 4, in Saskatoon.

COMMENT AND ACTION

1. Formation of public relations committee noted but suggest that public relations activities intended for the non-dental public be carried on through the Bureau of Public Information of the C.D.A.
2. Noted.
- 3-5. Commendable.
6. Informative.
7. Commendable.
8. Noted.
9. Noted.

We recommend the adoption of the report.

APPROVED

MEMBERS: *J. J. Schachter, Chairman, Saskatoon, Sask.; G. V. Fisk, Vice-Chairman, Toronto, Ont.; R. G. Ryan, Secretary-Treasurer, Vancouver, B.C.*

REPORT

1. The last annual meeting of the Orthodontic Section of the Canadian Dental Association was held in the Chateau Laurier Hotel on Sunday, September 25, 1960. There were twenty-five members present which constituted a quorum.
2. Three applications were accepted for associate membership. The section now consists of 72 fully paid up members. Several applications have been received and will be voted upon at the next meeting.
3. Grieve Memorial Certificates were presented to former Grieve lecturers at the Convention on Monday, September 26. It was noted with pride that of five Canadians receiving certificates two were past presidents of the Canadian Dental Association.
4. The George Wellington Grieve Memorial Lecture was delivered by Dr. J. A. Salzman of New York. Dr. Salzman also addressed the annual meeting.
5. The Grieve lecturer in Saskatoon will be Dr. Wendell L. Wylie. Dr. Wylie is Professor of Orthodontics and assistant Dean of the School of Dentistry, University of California, San Francisco. Dr. Wylie has written extensively on Orthodontics. He is an active research worker and is at present President of the American Board of Orthodontics. Dr. Wylie was chosen to deliver this address because the committee felt that he would deliver an address on Orthodontics which would evaluate the general practitioner's role in Orthodontics.
6. The following changes in our by-laws are presented for approval in accordance with By-laws of the C.D.A. 1960 Transactions, p. 106, Article XI, Sec. 2 (b).

These are amendments to the By-laws of the Orthodontic Section as published in Transactions, 1951 — p. 144 et seq.

Article I — Name

The name of this society shall be The Canadian Society of Orthodontists. Wherever the name of the section occurs it shall be changed to read "The Canadian Society of Orthodontists".

Article III — Membership

- Sec. 1 add c. Retired Members
d. Honorary Members

Sec. 2 add “an active member discontinuing practice may retain membership by paying dues.

Sec. 5 Retired members shall be members of this Section who have retired from active practice and have made a request in writing to the Secretary for such status. Upon acceptance, the retired members are exempt from dues.

Sec. 6 Honorary members shall be persons who have rendered valuable service to the science of Orthodontics.

Article IV — Officers

Sec. 1 The officers of the Canadian Society of Orthodontists shall consist of President, President-elect, Vice-President and Secretary-Treasurer, and whenever these names occur that they be changed to the above.

Article VII — Election and Retirement of Members

Sec. 4 A request for change of status to retired membership shall be presented in writing to the Secretary.

Sec. 5 Upon recommendation by the Executive Committee a person may be elected to Honorary Membership in the Society. The Executive shall send the name of the person proposed for Honorary Membership to each active member not less than one month prior to the annual meeting. A three-fourths affirmative vote of those present shall be necessary for election to honorary membership.

Article VIII — Privileges of Members

Add Sec. 3 Honorary and retired members shall have all the privileges of the Society except those of voting and holding office.

Article IX — Dues and Assessments

Sec. 1 Change to read \$15.00.

Add Sec. 9 Honorary and retired members shall be exempt from payment of dues and assessments.

Article X — Duties of Officers

Sec. 2 The President-elect of this Society shall:

(a) assist the President, as requested, in the performance of his duties.

ORTHODONTICS

- (b) in the absence of the President, preside over all meetings of the Society and the Executive Committee.
- (c) serve as Acting President in the event that the office of president becomes vacant.
- (d) be a member, ex officio, of all committees.
- (e) succeed to the office of president at the conclusion of the next annual meeting of the Society.

Sec. 3 The Vice President of the Society shall:

- (a) assist the President, as requested, in the performance of his duties.
- (b) preside at all meetings of the Society and the Executive Committee in the absence of the President and the President-elect.
- (c) be a member, ex officio, of all committees.

Sec. 4 Duties of Secretary — unchanged.

7. The Health Insurance Committee of the Orthodontic Section brought in a report in the form of an interim report by the Ontario Society of Orthodontists as requested by the Board of Governors at Halifax 1959. It outlined a pilot plan for orthodontic treatment for patients of marginal income families in a health insurance program. Further studies are necessary but it was voiced that an effort should be made to have every Orthodontist support such an approved plan.

8. The next annual meeting will be held in Saskatoon June 4-5-6, in conjunction with the convention of the Western Canada Dental Society and the Canadian Dental Association. This meeting will depart from the annual custom of only holding a business meeting and one speaker. It is to take the form of a scientific session with a clinician lecturing and demonstrating for two days.

9. Dr. W. L. Wylie is to address the Section on Sunday, June 4 and Dr. M. Stoner is to lecture on June 5 and 6. Dr. Stoner is an outstanding clinician from Indianapolis, he is clinical professor in the graduate Orthodontic department of the School of Dentistry, University of Indiana. He is also a diplomate of the American Board of Orthodontics. Dr. Stoner will lecture and demonstrate on the technique for Continuous Force Application, a subject which is receiving wide interest today. The section is fortunate in having obtained the services of these outstanding lecturers.

10. The members of the Orthodontic Section are providing a number of table clinics at the 1961 Convention in Saskatoon.

11. A joint luncheon for all section members has been planned by the Orthodontic section for Sunday, June 4 following the pattern of the luncheon in Ottawa. It is urged that this become an annual affair.

COMMENT AND ACTION

- 1-5. Information.
6. Approved.
7. Noted. See paragraph 5 of Dental Services Committee report and Appendix A.
8. Noted.
9. Information.
10. Noted with approval.
11. Information.

We recommend the adoption of the report.

APPROVED

EXECUTIVE: *D. S. Moore, President, Hamilton; J. W. Neilson, President-elect, Winnipeg; J. E. Speck, Secretary-Treasurer, Toronto; C. H. M. Williams, Past President, Toronto.*

REPORT

1. The last meeting under the direction of Dr. Chas. Williams was held in Ottawa, September, 1960, in conjunction with the Canadian Society of Oral Surgeons, and was admirably addressed by Dr. Don Kerr of Ann Arbor, Michigan. Fifteen members were present. Drs. Dick Trott, Winnipeg, and Jack Whyte, Ottawa, also gave interesting papers. This year the Academy will hold its meeting at Toronto, Sunday, May 21st, due to the impossibility of holding it in conjunction with another section in Saskatoon. The members of the executive will represent the Academy in Saskatoon and anticipate that the membership will be increased by next year so that the annual meeting can be held in the future at the C.D.A. conventions.

2. The scientific program in May will be addressed by Dr. John Wilson, Associate Dean of the Dental College, Ohio State University. His topic will be Periodontics. Three members of the Academy will present papers: Dr. Don L. Anderson, Hamilton, will speak on "Form and Function". Dr. Robt. Harvey, Montreal, will discuss, "Clinical Impressions of the use of Rovamycine in Periodontia". Dr. Bill Fleming, Toronto, will give the result of his research project, "A Study of the Magnification Error in Dental Radiography".

3. This year, for the first time, associate memberships in the Academy were made available for general practitioners who showed an interest in periodontics. We are looking forward to welcoming approximately eleven dentists as associate members at the annual meeting and trust that the following year there will be a much larger group of new members admitted to the Academy. The Academy will then consist of 35 active and associate members, an increase of almost 50%.

COMMENT AND ACTION

1. Informative. We note with interest and approval the desire of the Academy to hold its annual meeting in conjunction with future C.D.A. conventions.
2. Informative.
3. Informative. We commend the action of the Canadian Academy of Periodontology in admitting selected general practitioners to Associate Membership.

We recommend the adoption of the report.

APPROVED

REPORT

1. Introduction

Ladies and Gentlemen, it is indeed a pleasure to extend to each one of you a hearty welcome as we open the 60th Annual Meeting of the Board of Governors of the Canadian Dental Association. This is the occasion, when after discussion and deliberation, decisions are made respecting the future policies of our organization. If judgment is sound, progress results. Only by your active participation in all matters on the agenda can we make gains for the future.

2. Location of Board Meeting

This is the second time that the Canadian Dental Association has met in Saskatoon, at the Bessborough Hotel. It is gratifying that the final year of the second generation of C.D.A. is being celebrated in one of the Prairie Provinces. It is my hope that when the strenuous sessions and the convention have been completed that you may be able to relax in sunny Saskatchewan.

3. Convention Committee

The organization and detailed planning for this Board of Governors meeting and the ensuing convention of the Western Canada Dental Association with the Canadian Dental Association was undertaken by the Saskatoon Dental Society, and brought to finality with ability. The entire Saskatoon Dental Society, being small in number, constituted the Convention Committee. To them my grateful appreciation for a task well done. I wish to especially thank Dr. and Mrs. Alec Fernet, and Mrs. Fred Smith, who chairs the Ladies' Committee, for their extra time and effort, so freely given, in undertaking duties that normally should have fallen to Mrs. Whyte and myself, had we resided in Saskatoon and not in Swift Current. We are both deeply appreciative of their willing cooperation.

4. Board of Governors

On your behalf I wish to welcome to this session, Dr. J. F. Edgecombe of Saint John, N.B., Dr. A. L. MacIsaac of Charlottetown, P.E.I., and Dr. Duff Leask of Moose Jaw, Saskatchewan, Dr. E. T. Guest of Toronto, Ontario, and Dr. H. J. Hann of St. John's, Newfoundland, who is substituting for Dr. J. M. Darcy this year. The acceptance of your appointment to the Board of Governors indicates your desire to serve the profession on the national level. It carries with it duties and responsibilities, which are richly rewarding when fulfilled. You are free to participate fully in all the deliberations.

PRESIDENT

5. Two members have retired from the Board of Governors, in the persons of Dr. W. B. O'Brien of Fredericton, N.B., and Dr. J. D. Reddin of Mount Stewart, P.E.I. On behalf of the national association I wish to express our thanks and appreciation for their valued contributions in the past.

6. Terms of Office

It is only nine months since the last meeting of the Board of Governors. The disadvantages of a nine month year are many. Councils and committees have not sufficient time to complete their program of activities. Committee reports are hurried; the financial picture is unrealistic, and headquarters administration and detail is rushed on account of the time element.

7. The next five years, due to coincidence but not planning, provide for twelve month years. This is good. I agree with the observation of Past President George Dewis, in his 1959 report, that alternating nine and fifteen month years is not a sound policy for the Association. It is my hope that sometime during the period of the next five years the Executive Council may be able to establish a firm policy providing for a twelve month term of office for the Board of Governors, councils and committees.

8. Visitations

Invitations were received from a number of dental organizations from St. John, Newfoundland to Victoria, British Columbia, to visit their groups. According to custom and policy, the President and Secretary made official visitations to the dental societies requesting their attendance. A list of the societies and dental schools that were visited appears in Appendix A. Time did not permit an acceptance of all the kind invitations extended. The eastern portion of the visitation program was completed during November and the western itinerary was conducted during February and March.

Comments in reference to these visits:

- (a) i It is regretted that suitable dates could not be arranged for a meeting in Montreal. The President was invited to be present at a meeting of the three major dental organizations to be held Friday, 24th February. This was impossible due to commitments for the western itinerary being already firm.
- ii Friendliness, hospitality and a desire for information from the national horizon were the highlights of the meetings in the various provinces.
- iii The Secretary presented in considerable detail a summary of the Report of the Commission on the Survey of Dentistry in the United States. The recommendations arising from the status, problems and needs of dentistry were reviewed in comparison with certain parallel situations prevailing in Canada. These facts proved interesting and informative to all listeners

as the Secretary was the only Canadian on the Commission. The panel was very broadly selected, only four of the members being dentists.

- iv The President dealt with the national problems of dentistry as seen by the general practitioner. Policies, committees' responsibilities and general C.D.A. data were considered to have been sufficiently covered during the past few years.
- v The President made television appearances in Halifax and Saskatoon. In practically every city, the local society made arrangements for press interviews. The publicity and coverage given by the news media was most gratifying. It was always generous and accurate.
- vi The President and Secretary had the privilege of representing the Canadian Dental Association in Los Angeles during October. Your President extended greetings on behalf of the C.D.A. The welcome and hospitality of our hosts were friendly and sincere. A very informative visit was paid to the closed panel dental clinic of Dr. Murray McNeil in Hollywood. This is a prepaid dental program organized by the Retail Clerks Union.
- vii The President, Secretary and the Director of the Bureau of Economic Research were in Saskatoon on February 7th and 8th. They assisted the College of Dental Surgeons of Saskatchewan with the presentation of their brief to the advisory committee on medical care.

9. Observations

(a) The dental organizations and individual dentists in the various provinces are taking a greater interest in their profession in relationship to future trends. The extension of the services of auxiliaries and the possibility of some governmental program of prepaid dental service for children are the two questions that are provoking thought.

(b) There is a realization, by corporate members, that they must develop within their *own ranks* sufficient knowledge to deal with problems affecting their provincial status, when legislative questions arise.

(c) That the recruitment of suitable personnel for the profession of dentistry is the individual responsibility of the dentist now in practice is slowly being accepted and is gaining support.

10. Councils and Committees

The members of the seven councils and the ten committees are the backbone of the Canadian Dental Association. In their hands is the production machinery, whose efficient operation and workings spell success or failure.

PRESIDENT

Every year, due to new objectives and specific problems arising, one group of councils or committees are outstanding in their attempted achievements. This year, without prejudice, I would like to especially mention the National Recruitment Committee, a sub-committee of the Council on Education, and the Council on Public Health. To all other council and committee chairmen, each individual member, and all C.D.A. members who have voluntarily given of their time and energy I wish to express the thanks of our Association.

11. Dental Schools

On June 2nd, 1961, a Special Convocation at the University of Alberta will officially open the new dental school at Edmonton. The dental school is housed in the new addition to the Medical Sciences Building. It is fitted throughout with new equipment and provided with efficient administrative facilities, which will place it in the ranks of the finest in Canada. Congratulations are tendered to Dean Hector MacLean and those associated with him who planned, organized and brought to completion this fine dental teaching institution. An additional dental school and three replacements during the last three years is a notable achievement.

12. Royal Commission on Health

The Federal Government has announced the establishment of a Royal Commission on Health Services. The Chairman has been appointed. The terms of reference, the extent and area of coverage, at the time of writing this report, have not been released. The Opposition, an integral segment of democratic government, recently voted in favour of a vast, comprehensive national health program including dentistry. These actions merely indicate the prevailing trend for more and more social security. Health services on broader horizons are recognized as a part of this security pattern. Canada now has a National Hospital Insurance Plan. It is inevitable that, perhaps sooner than we think, a national health insurance plan, including dentistry, will come into being.

13. The individual obligation of the dentist is clear. He is to provide ethical, efficient and scientific dental treatment to his fellow man. To accomplish this he must also safeguard certain basic principles of practice, while continuing to render sincere and honest service. The leadership required must come from within our own profession. To be fore-armed, development of definite plans should begin now. If we adopt a policy of watchful waiting others less competent will establish a course of action which might prove difficult to accept.

14. It is recommended that the Executive Council set up a committee to compile all information necessary to prepare a concise brief on dentistry's place in a national health plan if and when required.

15. The Saskatchewan Brief

The Saskatchewan Government has announced its intention to establish a compulsory, government controlled medical care program within the next year. An Advisory Planning Committee was appointed to investigate the needs in the various fields of health care. The College of Dental Surgeons of Saskatchewan was asked to submit a brief. The brief was entitled Dental Health Problems in Saskatchewan. Ten recommendations were made, dealing with dental health education, manpower, prevention and auxiliaries. The last recommendation was "That a program of prepaid dental services for children be instituted."

16. This brief is important because it was the first occasion on which the dental profession submitted its proposals and decisions to a government which was instituting a compulsory health care program. The brief was factual and concise and may well serve as a baseline for future presentations. It was prepared by the secretariat at C.D.A. Headquarters, partly from information provided by the Saskatchewan Council. The value of the Bureau of Economic Research was demonstrated by the statistical exactness and the readable, orderly presentation of facts prepared by that department. From among thirty-three briefs submitted it was judged among the best three.

The recommendations of the College of Dental Surgeons of Saskatchewan appear as Appendix B.

17. Fluoridation

The incidence of dental caries in Canada is so great that it constitutes a major public health problem. For a number of years the Board of Governors, at their annual meeting, have announced that the control of dental caries is a problem of prevention, not of treatment. They have reiterated again and again that the fluoridation of communal water supplies would reduce tooth decay by approximately two thirds, and so informed the news media.

The response over the years has been slow but steady, more and more communities were reported fluoridating their municipal water supplies.

The report of the Ontario Fluoridation Investigating Committee tabled in February, 1961, after two years' study, was one of the strongest favourable governmental reports ever written. It declared fluoridation safe, effective, legal and economic. The resultant action by the Ontario Government, enacting legislation empowering municipalities to introduce the fluoridation of water supplies by by-law, without the necessity of a referendum, is a major victory for prevention. The action of the Ontario Government will doubtless have a profound influence upon the thinking of other provinces and communities.

18. Dental Needs of this Decade

The basic dental needs during this decade fall into three categories:

(a) Manpower

PRESIDENT

- (b) Recruitment
- (c) Children's dental care

19. **Manpower**

The Canadian ratio of dentists to population is 1:3037. This is deplorable considering our vaunted high standard of living. In spite of increased facilities for training at the Universities of Toronto and Alberta plus a new school at the University of Manitoba, a full capacity class from all universities of 327 would not keep pace with deaths, retirements and increase in population both natural and by immigration. In some provinces the ratio of dentists to population presents a dark picture. New Brunswick has a ratio of 1:5000. In Saskatchewan the number of practising dentists has dropped from a high of 235 to 167, giving a ratio of 1:5200. A reasonable coverage is disclosed in Ontario and British Columbia with ratios of 1:2423 and 1:2426 respectively. The larger urban centres in practically all provinces have reasonable dental services available, the greatest need being evident in the smaller towns serving rural areas.

20. The trend of governments and organized groups is definitely towards more social security. The extension of dental care by prepayment and other means to sections of the population hitherto demanding and receiving only emergency care, is part of this trend. More dentists will be required to staff these plans during the present decade. The Royal Canadian Dental Corps, the Department of Veterans Affairs, health departments of provincial governments and the federal government will also be seeking additional trained dental personnel. It is obvious that more dental manpower is a necessity. Dentists cannot be produced overnight. Six years training and adequate training facilities are a "must".

21. **More Dental Schools**

If more dentists are needed, then it follows that more dental schools must be provided. Dental training and the establishment of dental schools is not at present a federal responsibility. If a crisis in dental population is developing then it must be solved on a national basis. Cooperation of the federal government in the matter of construction, maintenance and administration costs must be obtained. A parallel criterion can be examined in the United States. President Kennedy advocated federal aid for the construction and maintenance of new dental schools as well as financial aid to dental students. It is therefore recommended that the Executive set up a committee to investigate, prepare statistics and formulate a plan for federal cooperation for the establishment of more dental schools.

22. **Recruitment**

It is debatable whether or not the recruitment of students is a definite duty of a profession. Nevertheless the Canadian Dental Association has

accepted this obligation by setting up a National Recruitment Committee. The planning, organization and methodology of this committee are excellent. The energy displayed and resultant "follow through" of its programs will produce tangible results. I believe that recruitment is a responsibility that the profession can handle successfully through the efforts of this committee, and eventually achieve the objective of keeping all future classes of the present and any future dental schools full to capacity.

23. Children's Dental Care

The dental profession of one province has definitely stated to their Legislature that they favour a program of prepaid dental care for children. This is based on the premise that if the incidence of dental caries is to be reduced the place to start is at the bottom and this is with the children. If health plans are imminent then the benefits should be initially confined to children as this area of dental requirement is vast and will require time to gradually evolve and gain some control. This concept is not new. For years Norway, Denmark, Sweden, Finland, Czechoslovakia, The Netherlands, Germany, New Zealand and Great Britain have had prepaid programs for children. This is a definite trend, one facet of the general health care image, already operating in Europe.

The federal level of thinking, both Government and Opposition, on matters of health care indicate that during this decade we can expect some type of prepaid dental benefit. We must strive to have first instituted a program for children.

24. Auxiliaries

Legislation has been adopted and written into the dental acts of most provinces in Canada authorizing the practising of dental hygienists, for the past number of years. Yet to date only 74 are active in the profession. This ratio seems incompatible to the 5,865 dentists registered in Canada in 1961. After a policy has been in operation for a measurable length of time, it is expedient to examine its success or failure.

- (a) Is the career of dental hygienist not proving attractive to young women?
- (b) Can the necessary training and education be provided in one year instead of two?
- (c) Or should the scope of the services they are permitted to render be broadened and included in a two year training program?

25. The C.D.A. Annual Meeting at Ottawa in September, 1960 adopted a Policy Statement, Projection of Dental Services in Canada. This statement is broad and comprehensive, outlining the various factors necessary to provide more dental service to meet the demand.

PRESIDENT

The services that a trained auxiliary can render, approved by the statement, have been greatly enlarged and enter the field of clinical dentistry to the limits as proposed by the policy statement.

The average member of our profession seems to be confused as to a clear cut objective. Will there be two types of auxiliary personnel trained, viz.

(a) The hygienist with the present standard of training and legal functions.

(b) An additional auxiliary developed with training directed towards operative dentistry, the filling of cavities prepared by the dentist.

Or will the hygienist be trained to perform the services hitherto allotted and also include the new concept of the broadened scope of service?

26. (a) These questions may appear elementary, but in light of what has happened in England, I feel they are pertinent and should have a quick solution. To meet the massive need of basic dental services for children that government, not a socialist administration, has adopted the New Zealand Dental Nurse Plan. A school to train young women as "dental nurses" to provide treatment for children is now operating in London. A free two year course is authorized. The training of hygienists, as formerly constituted, is still proceeding. Here we have two different types of training for auxiliaries in operation.

(b) The general practitioner renders basic dental service and is in close touch with the public demand for treatment. His attitude would indicate that a hygienist with more extensive training would best serve the purpose of greater output during chairside hours.

27. The Editor

Dr. Frank Compton has demonstrated during his short tenure of office that a full time editor is essential. The advantage of having only one job on your mind with the thinking directed to one channel is reflected in the excellent academic coverage and general news of the profession that is characterizing our bilingual Journal.

28. The Secretariat

(a) To our secretary, Dr. Don Gullett, I owe a debt of gratitude for an informative and pleasant year. His wealth of knowledge and experience has kept the train on the rails. The visitation tours were organized in his usual efficient manner and contributed much toward profitable and successful meetings with the profession in every province.

(b) Mr. Ken Croft has my sincere thanks for keeping me informed and correct as to detail. I feel that his public relations efforts beyond the confines of dentistry, in itself is a distinct asset to our organization.

(c) Miss Isabel Boyd, Director of the Bureau of Economic Research, has been most helpful whenever asked for information. Her contribution to the Saskatchewan brief, and her presence at Saskatoon, contributed much to a successful presentation.

(d) To all the members of the headquarters staff, I proffer my sincere thanks for your kind cooperation so cheerfully given on all occasions.

29. Conclusion

At the end of my year as President of the Canadian Dental Association, I wish to express my sincere appreciation to all for your help, cooperation and kindness.

Appendix A

Meetings were held with the following dental organizations.

1. Quebec Dental Society at Quebec
2. New Brunswick Dental Society at Saint John
3. Nova Scotia Dental Society at Halifax
4. Prince Edward Island Dental Society at Charlottetown
5. Newfoundland Dental Society at St. John's
6. Sudbury District Society at Sudbury
7. Manitoba Dental Association and Winnipeg Dental Society at Winnipeg
8. Regina and District Dental Society at Regina
9. Saskatoon and District Dental Society at Saskatoon
10. Edmonton and District Dental Society at Edmonton
11. Victoria and District Dental Society at Victoria
12. Vancouver and District Dental Society at Vancouver
13. Calgary and District Dental Society at Calgary
14. Lethbridge and District Dental Society at Lethbridge
15. Senior and Junior Students at Faculty of Dentistry, Dalhousie University
16. Senior Students at Faculty of Dentistry, McGill University
17. Senior Students, Faculty of Dental Surgery, University of Montreal
18. Senior Students at Faculty of Dentistry, University of Manitoba
19. Senior Students at Faculty of Dentistry, University of Alberta

Boards

20. Fall Meeting College of Dental Surgeons of Saskatchewan.
21. Fall Meeting of the Board of the Alberta Dental Association at Calgary
22. Meeting with the Board of the College of Dental Surgeons of British Columbia at Vancouver

PRESIDENT

Others

23. The Academy of Dentistry, Toronto
24. The British Columbia Dental Association Convention at Kelowna
25. The Ontario Dental Association Annual Convention at Toronto
26. The Annual Meeting of the American Dental Association at Los Angeles

Appendix B

THE SASKATCHEWAN BRIEF

Recommendations

To increase the supply of dental services in Saskatchewan, the College recommends that:

1. Vocational guidance programs in the schools endeavour to acquaint more high school students with the advantages of dentistry as a career.
2. The present program of bursaries for dental students be extended and increased.
3. A faculty of dentistry be established at the University of Saskatchewan.
4. An active recruiting program be launched to encourage more dentists to settle in rural Saskatchewan.
5. More financial assistance be given to postgraduate clinics and seminars for dentists in the province.
6. Dental services be provided in hospitals.
7. The fluoridation of municipal public water supplies be facilitated in every way possible.
8. A new type of dental auxiliary be trained so that the scope of services rendered by auxiliary personnel may be increased.

To make optimum use of the dental resources available in Saskatchewan, the College further recommends that:

1. Programs of dental health education for elementary school children be initiated in each health region as soon as the supply of personnel makes this practicable.
2. A program of prepaid dental services for children be instituted.

COMMENT AND ACTION

1. Agree.
2. Informative. We are pleased that the President has been able to realize on his meteorological forecast.
3. Concur.
4. We join in welcoming the new members.
5. We concur.
6. We agree.
7. Agreed.

8. Information. We commend the devotion to duty of the President and Secretary and appreciate the great value to the profession of these contacts.
9. Noted.
10. We concur.
11. We concur and commend this progress in dental education in Canada.
- 12-13. Noted.
14. Implemented in appendix G, Executive report.
15. Information.
16. We highly commend the Council of the College of Dental Surgeons of Saskatchewan and the Secretariat of the Canadian Dental Association on the excellence of this brief.
17. Information.
18. Agreed.
19. Informative.
20. Agreed.
21. We concur with the need for such an investigation but feel that the C.D.A. participation in the efforts of the Royal Commission on Health Services will achieve this end. It is our understanding that the Executive Council is recommending the establishment of a Steering Committee relative to the Royal Commission on Health Services.
22. Agreed.
23. Agreed.
24. We agree that these are pertinent questions and that they should be referred to the Council on Education.
25. Noted.
26. (a) Information.
(b) Agreed.
27. We concur most heartily.
- 28-29. Noted.

The calibre of this report indicates the comprehensive grasp of the President upon the affairs of the Association and the industry and ability displayed during his term of office.

We are privileged to recommend the adoption of the report.

APPROVED

MEMBERS: *F. McCombie, Chairman, Victoria, B.C.; Marjorie Jackson, Toronto, Ont.; C. A. E. McCabe, Outremont, P.Q.; B. J. O'Meara, Charlottetown, P.E.I.; A. Schwartz, Kenora, Ont.*

REPORT

1. The meeting of the Council on Public Health was held on January 25th-26th, 1961, at the Headquarters of the Canadian Dental Association.
2. Those attending included not only elected members of the Council and members of Headquarters staff, but also by invitation four other provincial dental directors, a representative of the Dental Services of the Ministère de la Santé de Québec, a representative of the Dental Health Division of the Department of National Health and Welfare and the Head of the Department of Dental Public Health of the Faculty of Dentistry, University of Toronto. Invitations were also sent to, but attendance was not possible by, three other provincial directors, nine provincial dental health committee chairmen, nor by representatives of the Departments of Dental Public Health of the Universities of Montreal and Alberta, nor the Orthodontic Section of the Canadian Dental Association. Those attending also represented the Ligue d'Hygiène Dentaire de Québec and the Dental Section of the Canadian Public Health Association. By appointment the following also attended: the chairmen of the C.D.A. Council on Research and Committee on Dental Services and one of the Technical Advisers to the National Dental Survey.
3. In summary, it was heartening to note that seven of the ten dental health divisions of the provincial health departments were represented, but it was disappointing to have present only one chairman of a provincial association dental health committee.
4. Such was the apparent success of the meeting, it is to be hoped that in future such a meeting will be held annually and with an increased attendance of those invited. At subsequent meetings it is also hoped that it will be possible for a representative of the Canadian Society of Dentistry for Children also to be present.
5. As an indication of the breadth of the topics discussed, the agenda of this meeting is attached as Appendix A. To promote expeditious handling of such a sizeable agenda within the time available, each subject was previously allocated to a member of Council or guest who prepared for the meeting a written brief. All such prepared statements were mimeographed and available at the meeting.
6. The following decisions, actions and recommendations resulted from this meeting:
 - (a) *Dental Public Health Education: Dental Profession*
It was resolved:
That the Council on Public Health recommend to the Executive Council that a scientific session devoted to preventive dentistry and

paedodontic practice, sponsored by the Canadian Society of Dentistry for Children and the Council on Public Health, be regularly scheduled at annual meetings of the Association.

At the meeting of the Executive Council, February 20-22, 1961, it was resolved:

That the recommendations of the Council on Public Health . . . be approved in principle provided that suitable arrangements can be made with convention committees of future annual meetings and that the Council on Public Health and the Canadian Society of Dentistry for Children be so notified.

Initiative has therefore been taken by the Council on Public Health with the Canadian Society of Dentistry for Children and with next year's convention committee so that his recommendation may be fulfilled in 1962.

(b) *Dental Public Health Education: Health Professions*

Whilst it was agreed that it was likely that action was desirable to endeavour to improve the level of dental public health teaching to members of other health professions, nevertheless it was considered to be the first responsibility of this Council to assure itself as to the dental public health training of dental undergraduate students. The Council on Education has therefore been approached seeking their cooperation in this regard.

(c) *C.D.A. Dental Health Pamphlets*

The existing dental health pamphlets of the Canadian Dental Association were reviewed and it was decided that of these, three were in need of revision in the light of current knowledge and research. One such revision has been completed and two further revisions are currently under preparation. It was also agreed that there existed a definite need for a comprehensive booklet regarding fluoridation, suitable for community leaders, e.g. municipal alderman and councillors.

Suggestions and costing for such a publication are being prepared. Subsequently it has been noted that two further pamphlets could perhaps be improved by containing references to the benefits of fluorides other than by fluoridation. Suitable addenda to these pamphlets are under preparation for incorporation when these pamphlets are next reprinted. Permission is also being sought for the reprinting as a C.D.A. pamphlet of a recent article in a popular magazine entitled "Fluoridation is the Boon we Need".

(d) *C.D.A. Dental Health Educational Aids*

Before recommending further dental health educational aids to be made available by the C.D.A., a complete inventory is being prepared by the Council of all dental health educational aids available to the dental profession of Canada from all sources. In the light of this inventory, consideration will be given to suggesting basic policies of the Canadian Dental Association in this general area and detailed suggestions for their implementation.

PUBLIC HEALTH

(e) *National Dental Health Day*

Considerable time at the above meeting was devoted to the very important topic of a National Dental Health Week or Day. In preparation, a most comprehensive review was prepared and presented by a member of Council incorporating previous relevant resolutions and recommendations, both national and provincial. A summary of the latter, as therein included, is appended as Appendix B.

At the meeting two resolutions were passed. The first endorsed a National Dental Health day to be held during National Health Week. The second resolution drew attention to the need for further dental health educational aids and for appropriate preparatory and promotional services which would be required to be carried out by C.D.A. Headquarters to support adequately such a venture.

These two resolutions, and other relevant factors presented at the meeting and by members of Council subsequently, are incorporated in the resolution attached as Appendix C and hereby submitted for consideration by the Board of Governors.

(f) *National Dental Health Survey*

It will be recalled that heretofore the preparations for this survey had been carried out by an ad hoc committee whose activities had earned high commendation.

To regularize the status of this committee and to ensure the smoothest possible administration of the survey in future years, the Council resolved that it be considered a sub-committee of the Council, that it be designated the National Dental Survey Committee, and that its membership comprise Dr. R. M. Grainger (Chairman), Dr. K. J. Paynter, Dr. F. H. Compton and Miss B. I. Boyd. Report of this committee is attached as Appendix D.

(g) *Dental Public Health Policy*

This present policy statement of the Canadian Dental Association was adopted by the Board of Governors in 1956 (Transactions 1956:92). This policy has been reviewed and it is recommended that it be reconfirmed by the present meeting of the Board of Governors with amendments as suggested in Appendix E.

(h) *Provincial Dental Public Health Committees*

It was agreed that considerable assistance could be provided to such committees if each fall, to each newly appointed Chairman of the Provincial Dental Public Health Committees, were mailed from C.D.A. Headquarters an informational kit. It has been suggested that each such kit might include the following items:

- i C.D.A. Statement of Policy regarding Dental Public Health.
- ii Terms of reference of C.D.A. Council on Public Health.
- iii Suggested terms of reference for Provincial Dental Health Committees.

- iv Suggested activities for a Provincial Dental Health Committee.
- v Suggested areas of responsibility and projects suitable to a local dental society.
- vi Inventory of all dental health educational aids available, together with sources of supply.
- vii Specimen copies of dental health educational aids available from the C.D.A., together with the appropriate order form.

It is planned that such kits will be available for distribution, in the first instance, in the fall of 1962.

(j) *Terms of Employment of Salaried Dentists*

The Council was advised that there was significant need for material in this regard which would provide positive recommendations for the guidance of dentists considering salaried appointments. Such material has been prepared and is attached as Appendix F. This is submitted for the approval of the Board of Governors so that thereafter it may be issued on request by C.D.A. Headquarters.

(k) *Federal Health Grants*

By request this item was placed on the agenda of this meeting. Considerable discussion showed that opinion was not unanimous that Federal Health Grants should contain earmarked funds for dental projects. However, the following motion was passed by a majority:

That the Council on Public Health request the Executive Council to give consideration to the attainment of a separate dental health grant within the National Health Grant program.

The Executive Council, at their meeting on February 20-21, 1961 passed the following motion:

That the Executive Council does not support the motion of the Council on Public Health . . .

(l) *Dental Services in Institutions*

At the above meeting it was agreed that there existed a wide area of responsibility of the Canadian dental profession in assuring that appropriate standards of dental services were provided in institutions and schools for physically, mentally or socially handicapped persons (including reform and penal institutions). Such, however, were the widely diversified interests and responsibilities in this large area, that it was also agreed that further investigations were necessary before any policies could be formulated and recommended. The cooperation of the C.D.A. Hospital Services Committee and the Canadian Society of Dentistry for Children had therefore been solicited with a view of defining areas of responsibility and activity in this general area of interest.

PUBLIC HEALTH

7. Budget

The following budget request for 1962 was directed to the Executive:

Meeting	\$ 750
Publications	1,000
Purchase of films	150
National Survey Committee	
French translation of manual	\$2,500
additional statistical services	1,000
additional copies of forms	100
incidentals	100
	3,700
Total	\$5,600

8. The Chairman wishes to express his warm appreciation for the participation of all those attending the meeting of the Council, especially those who painstakingly prepared comprehensive briefs for the meeting and to the members of the Council and others who have also since been working diligently to implement some of the requirements arising from the meeting.

Appendix A

AGENDA
COUNCIL ON PUBLIC HEALTH
January 25-26, 1961

- A. 1. Chairman's introductory remarks.
- 2. Adoption of Agenda.
- B. Present Terms of Reference of Council.
 - 1. To instruct the members of the profession in accepted dental health knowledge.
 - 2. To instruct students, nurses and workers in other health professions in dental health.
 - 3. To instruct lay groups and organizations in dental health information. (Including consideration of a national health day/week).
 - 4. To prepare suitable lecture material, slides and films to assist the dentist in dental health presentations.
 - 5. To prepare pamphlets, charts, etc., for the information of the public in dental health.
 - 6. To organize, plan and complete surveys in order to obtain reliable information on the needs of dental services.

7. To correlate the activities of the provincial committees in dental health projects.
- C. Additional Topics for General Discussion.
1. Dental Public Health Research in Canada.
 2. Dental Services in Institutions and other Public Programmes, (not including dental public health programme).
 3. Training, qualifications and salaries of dentists engaged in public health, institutions and public programmes.
 4. Terms of employment of salaried dentists.
 5. Fluoride supplements
 6. Royal Commission
 7. Federal Health Grants
- D. Topics for Discussion by Elected Members of Council.
1. Future terms of reference of Council on Public Health
 2. Future membership of Council
 3. Next meeting of Council
 4. (a) Projects to be completed before May 31st, 1961.
(b) Projects to be completed before January, 1962.
 5. Assignment of responsibility for above projects.
 6. (a) Review of 1961 Budget.
(b) Preparation of 1962 Budget.

Appendix B

SUMMARY OF PROVINCIAL VIEWPOINTS REGARDING A NATIONAL DENTAL HEALTH WEEK OR DAY

To facilitate this Council's study of the various problems involved the various provincial attitudes are summarized as follows:

- (a) All provinces favour an annual concerted effort throughout Canada.
- (b) British Columbia, Saskatchewan, Manitoba and Quebec consider that such an effort should be an extension of year-round education programmes. Provincial Educators are of the same opinion.
- (c) Length of time:
 - i Four favor a National Week: British Columbia, Saskatchewan, Manitoba and Alberta. The last mentioned has no objection to any province limiting its effort to a Day but would in any case extend their own to at least a week.
 - ii Six favor a National Day: Ontario, New Brunswick, Prince Edward Island, Newfoundland, Nova Scotia and Quebec. The last mentioned has no objection to any province extending their effort

PUBLIC HEALTH

beyond the National Day. Nova Scotia and Quebec reserve their decision as to extending their effort beyond the National Day.

(d) Time of year:

- i In conjunction with U.S.A. Children's Dental Health Day held in February but extending the whole week: Saskatchewan Division of Education.
- ii February: Alberta
- iii During National Health Week: Ontario. This was formerly in February, now in March. Does the change in date affect Ontario's decision?
- iv February or March: Nova Scotia and Newfoundland.
- v During National Health Week (formerly February, now March) but making no mention of the said week though taking advantage of its publicity: Prince Edward Island.
- vi Preferably March: British Columbia. This month has also been considered by Saskatchewan some years ago.
- vii March or as an alternative April: Quebec.
- viii April but willing to change to February so as to benefit from U.S.A. publicity: Manitoba.
- ix Spring: New Brunswick
- x September or October: Saskatchewan Committee

(e) Type of programme: The C.D.A. Board has agreed that a combination of public relations and health education appears more desirable than one which emphasizes only one or the other phase.

Appendix C

WHEREAS the Canadian Dental Association encourages its corporate and individual members to be most active in the field of dental health education toward the prevention of dental disorders, and

WHEREAS it has been recommended by the Council on Public Health that the Canadian Dental Association endorse a National Dental Health Day to be held during National Health Week of Canada, and

WHEREAS it is agreed that a dental health day in itself is only part of a continuing program of dental education, and

WHEREAS there is a need for a central library of all types of available dental health education aids and a current need for much material as already made available by the Association to be revised and brought up to date, and

WHEREAS there is also a need at this time and especially for a National Dental Health Day for additional material to be made available by the Association, and

WHEREAS there will be considerable preparatory, promotional, production and distribution services required in conjunction with a National Dental Health Day to be carried out by the Association, and

WHEREAS the Council on Public Health, as initial steps, is preparing an inventory of all existing dental health educational aids available to the dental profession of Canada from any source, also revising five of the pamphlets issued by the Association and assisting in the production of a new booklet on fluoridation, therefore be it

RESOLVED that the Canadian Dental Association at this time endorse in principle the desirability of a National Dental Health Day being held during National Health Week, and be it further

RESOLVED that plans be prepared by the Council on Public Health for the participation of the Association in such an activity subject to personnel and funds being made available by the Executive Council.

ADOPTED

Appendix D

REPORT OF NATIONAL DENTAL SURVEY COMMITTEE

The establishment of a national Dental Health Index in Canada coincides with the formation of a Council on Oral Statistics in the Federation Dentaire Internationale which is expected to promote similar work through the World Health Organization at the international level. A similar organization has been active in the medical field for some thirty years with the result that much needed information regarding the epidemiology and success of control measures for various diseases has been brought to light. Water fluoridation is the classic example of a control measure which developed out of knowledge of differences in disease incidence under varying living conditions.

In Canada, data describing dental conditions in urban communities (stratum II, population 10,000 to 99,999) have now been received by the C.D.A. Bureau of Economic Research from three provinces and are expected shortly from four other provinces where the surveys are nearing completion. Additional data from two provinces also report on dental health in metropolitan areas, communities under 10,000 population, and rural areas. This information will make possible the first comprehensive report on dental

health of Canadian children. It establishes a base-line from which to study changes which may occur over future years, and the extent of geographical variations in prevalence at this time.

For the future it is planned to accumulate small samples of data yearly in each province from which provincial and national estimates may be computed about every three years. When organized on this basis the amount of survey work to be accomplished each year will be very small and the examination standards will be able to be maintained on a higher level than if intermittent large surveys were to be organized.

The National Committee wishes to congratulate and thank the provincial groups for their enthusiastic cooperation in the initial undertaking.

R. M. GRAINGER.

Appendix F

This is a brief outline of factors which should be carefully considered by dentists considering or negotiating salaried appointments. The nature of the position being contemplated might well entail other considerations not covered in this outline.

1. Duties

Professional responsibilities and duties of the appointment should be clearly defined and anticipated opportunities for appropriate research known.

2. Administration

Administrative relationships of the appointment should be equally clearly defined. The applicant should clearly understand to whom he will be administratively responsible, e.g. directly to a union board of health, to a medical officer, to a lay administrator, or to a senior dentist, etc. If his professional services are ever criticized, arrangement should be available for a review by competent personnel.

Budgetary control of the programme or services may be by the next senior administrative officer or by a separate branch of the agency.

3. Promotions and Transfers

Opportunities for promotions or transfer within or outside the employing agency should be known, together with qualifications necessary and the persons responsible for making such transfers or promotions.

4. Professional Education

The extent of time (with or without pay) and expenses (travel, board, fees) available for continuing professional education should be ascertained. Such may include in-service training, regular attendance at professional meetings (to be defined), refresher courses and formal training leading to higher qualification. Library facilities may be available and/or subscriptions paid by the employing agency for appropriate professional journals.

5. Auxiliary Personnel

Junior personnel appropriate to the appointment should be available and of a calibre and receiving a salary commensurate with their duties.

6. Accommodation

Suitable accommodation for the performance of the duties designated should be available prior to the commencement of such duties.

7. Equipment — Supplies

Equipment and supplies should be such that the required services may be a high quality. On whose authority additional or different items may be purchased should be known. Provision of surgical clothing and its laundering may be the responsibility of the employing agency.

8. Work periods and Vacations

Daily hours of work should be known and it should be understood if hours worked in excess thereof qualify for later compensatory "time-off". Extent of annual and any other regular vacation periods should be ascertained and any programme for increased vacations dependent upon length of service. Some agencies give consideration under specified circumstances to compassionate and educational leave, leave for service with reserve forces, and leave without pay.

9. Travel

The employing agency may supply and operate a car for travel on duty, or provide a mileage allowance for a car owned and operated by the employee and may provide financial assistance to the purchase of a car if necessary for his duties. For board, lodging and expenses other than transportation when travelling, some agencies, provide a "per diem" allowance, others meet such expenses as are paid to a designated maximum. Some health agencies on some occasions reimburse their employees when entertaining in respect to their duties.

10. Appointment

The nature of the appointment in the category such as permanent,

PUBLIC HEALTH

regular, temporary, casual, or according to local usage, should be known and the implications thereof clearly understood.

11. Salary

(a) Salary classification and range should be known, with normal length of periods between increments.

(b) The starting salary is not always the minimum of the range and is sometimes upgraded on account of previous experience.

(c) The method and by whom salary increments are made should be ascertained.

(d) The applicant should assure himself that the salary offered is commensurate with salaries paid by other agencies for comparable duties and also be informed as to the anticipated income of private practice by his age-group in the locale of the appointment.

12. Sickness

Employing agencies usually have provisions for short term sick leave (with pay) and cumulative sick leave (with and without pay) for longer periods dependent on length of service.

In many instances the employing agency contributes with the employee to a fund providing medical and hospital care for the employee and his family.

13. Pension

It is to be anticipated that some form of planned saving for retirement will be available, usually with contributions both by employer and employee. Information should be available regarding the type, duration, and amount of the pension to be anticipated and at what age. Also should be ascertained whether withdrawal of employee's (and employer's) contribution is possible before retirement age and if reciprocity exists with pension plans of other agencies.

14. Other Benefits

Within some larger employing agencies are opportunities for group life insurance.

Some employing agencies pay on behalf of employees their dues and fees to appropriate professional associations.

Professional liability insurance may be provided by the employer or be the responsibility of the employee.

It is recommended that *all* terms of employment should be clearly defined and acceptable to the applicant *before* commencing duties.

DENTAL PUBLIC HEALTH POLICY

(Reference: Transactions 1956:92)

Under "Explanation of Policy", section III, number (i) add: and especially the sticky kinds.

Same section, number (iv) delete from "e.g." to end of sentence and add: e.g. early and regular examination and counselling, topical fluorides, early treatment.

Section VI, delete "dental hygienists and dental assistants" and add: and dental auxiliaries.

COMMENT AND ACTION

1. Information.
2. The excellence of representation indicates the interest in public health.
3. Information.
4. Concur.
5. Information. Appendix A — The Council is commended for the breadth of the agenda and it is noted with appreciation the contributions of individual members of the Council.
6. (a) 1st part — Information.
2nd part — Approve.
(b) Approved.
(c) Commend.
(d) Information.
(e) and Appendix B — Information.
Appendix C — Agreed.
(f) 1st part — Information.
2nd part — We heartily approve and commend the Council upon the personnel of the sub-committee.
Appendix D — We heartily commend the National Dental Survey Committee for the establishment of a National Dental Health Index in Canada. We highly appreciate a vast undertaking — well accomplished.

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(g) We approve.

(h) Approve.

(j) Approve.

Appendix F — Approve.

6. (k) 1st part — Information.

2nd part — Approve.

(l) Information.

7. Information.

8. Commend.

We recommend the adoption of the report excepting the budget.

APPROVED

REPORT

1. Establishment of the Bureau of Public Information was approved by the Board of Governors in September 1960. The by-laws of the Association state that this bureau is "to develop and maintain a public relations program for this Association, including the dissemination of information concerning the activities of this Association". Duties are to be assigned by the Executive Council through the Secretary, under whose jurisdiction the bureau operates.
2. Your Director of Public Information believes that a clear statement should be formulated of policies, functions and objectives to be pursued by the bureau. Some suggestions were made to bureau consultants and to the Secretaries' Conference and were later approved by the Executive Council.
3. The following statement is recommended for approval:
Public Relations Policy
 - (a) To provide accurate and complete information about the Canadian Dental Association and dentistry.
 - (b) To assist recognized groups and individuals to obtain information about the Canadian Dental Association and dentistry.
 - (c) To encourage sound public relations activities by dental organizations and individual dentists.
4. This statement is also recommended for approval:
Functions of the Bureau of Public Information
 - (a) To serve as the central source of information about the Canadian Dental Association and dentistry on the national scene.
 - (b) To serve as the channel of two-way communication between the Canadian Dental Association and its publics.
 - (c) To bring to public attention, through appropriate media, significant facts, opinions and interpretations which will serve to keep the public aware of policies and actions of the Canadian Dental Association.
 - (d) To review all published documents of the Canadian Dental Association from the standpoint of their public relations implications.
 - (e) To coordinate Association activities which affect its relationships with its various publics.
 - (f) To collect information about attitudes toward the Canadian Dental Association and dentistry in general.
 - (g) To cooperate with other dental organizations through consultation, criticism and guidance, but not by active direction.
 - (h) To promote sound public relations practices of dentists individually and collectively.
 - (i) To plan and administer informational programs designed to fulfill the responsibilities outlined above.

PUBLIC INFORMATION

5. Many activities of the Association fall within the classification of public relations. The very existence of a headquarters and permanent staff — although it is of practical necessity — is a public relations activity. Here is a list of some of our present means of maintaining good relationships with our publics.

Public Relations Vehicles

Publications	Journal
	news letters
	pamphlets, booklets
	television filmlets
	newspaper and radio scripts
Services	news releases
	Transactions
	stenographic services
	printing
	library (books, periodicals, films)
Others	use of board room for meetings
	committees
	executive staff
	Board of Governors' meeting
	conventions
	presidential visits
	officers' participation in outside organizations
	speakers

6. Our publics are the various groups we try to influence at different times and in different ways. Approaches need to be tailored to the special interests of the groups to be influenced. These are some of the publics of the Canadian Dental Association.

C.D.A. Publics

members	employees
governments	suppliers
other professional groups	special interest groups (labour, business)
schools	the general public

7. One of the major parts of the Association's public relations program should be the encouragement of student recruitment. A detailed national recruitment program has been approved by the National Recruitment Committee. This program requires considerable time and effort by the Secretary of that committee, who happens also to be the Association's Deputy Secretary and Director of Public Information.

Experience to date indicates that a practical division of working time is this:

Deputy Secretary	40%
Director of Public Information	35%
Secretary, National Recruitment Committee	25%

The Executive has agreed to the suggestion that recruitment be given priority in our public relations program.

8. (a) The three sixty-second television filmlets produced by Crawley Films Limited have been distributed to the Canadian Broadcasting Corporation network and to private television stations. A French-language version also has been distributed to appropriate outlets. Reaction to this project has been almost unanimously favourable. The only contrary opinion was expressed by an anti-fluoridation group.

(b) Cost of production and prints of the filmlets was \$6,100. One television station has reported that the commercial value of the public service time devoted to showing our filmlets was \$1,345 in January and \$1,915 in February. At this rate, in six months the value of one station's air time in showing our filmlets will be greater than our total production and distribution cost.

(c) It is recommended that an additional series of television filmlets be produced in 1962.

9. For your information some of the tasks undertaken by your Director are listed.

- supervised production and distribution of television filmlets
- prepared Governors Letter (about 15 issues per year)
- prepared monthly Recruitment Reporter
- continued cooperation with news media
- prepared filler advertisements for Journal
- revised Retirement Savings Plan booklet
- edited and supervised production of Transactions
- maintained liaison with Canadian Science Fairs Council
- held meeting and discussions with consultants
- reviewed newspaper clippings regularly (500 per month)
- assisted in writing and design of Saskatchewan brief
- reviewed periodicals received at headquarters
- surveyed provincial public relations activities for report to Secretaries' Conference
- revised several Association publications
- prepared national recruitment program
- assisted in preparation of a survey of the membership for the National Recruitment Committee
- assisted convention publicity committees

10. The Deputy Secretary attended approximately sixty evening and week-end meetings, exclusive of the Annual Meeting, during 1960. The information and knowledge gained thereby are invaluable in performing the duties of an information officer.

PUBLIC INFORMATION

11. Your Director is grateful to the Association for having made it possible for him to complete a twenty-week extension course in public relations given at the University of Toronto under sponsorship of the Canadian Public Relations Society.

12. Immediately following the 1960 Annual Meeting, the Executive Council appointed three consultants to this bureau: R. R. Butler, J. G. Chalmers and R. D. Leuty, all formerly members of the Public Relations Committee. The Executive Council later agreed to extend the term of office of these consultants.

13. Not being superstitious, your Director adds this thirteenth paragraph to thank all those members who have cooperated with this bureau and to express the hope that this new bureau will be able to justify its existence.

COMMENT AND ACTION

1-2. Informative.

3-4. Approved.

5-6. Informative.

7. Agreed. We note with concern the division of working time indicating the increased load on the Director of Public Information and recommend that the Executive Council review the situation.

8. (a) Informative.

(b) Informative. The Bureau of Public Information is to be congratulated on the fine quality of films produced.

(c) Agreed.

9-10. Information.

11. Noted with interest. This principle should be commended and encouraged.

12. Informative. We assume that the principle of rotating appointments will be followed.

13. Noted.

We recommend adoption of the report and congratulate the Director on the Bureau's fine effort during its first year of operation.

APPROVED

MEMBERS: *K. J. Paynter, Chairman, Toronto, Ont.; D. L. Anderson, Hamilton, Ont.; J. E. Anderson, Toronto; A. E. Chegwin, Regina, Sask.; F. H. Compton, Toronto; G. Connell, Toronto; L. E. Francis, Montreal, Que.; E. P. Harvold, Toronto; A. E. Hoffman, Halifax, N.S.; A. F. Howatson, Toronto; A. M. Hunt, Toronto; K. A. McMurchy, Edmonton, Alta.; J. D. Purves, Toronto; R. J. Slater, Toronto; C. D. Torneck, Toronto.*

REPORT

1. Personnel

Drs. J. E. Anderson, A. E. Chegwin, F. H. Compton, E. P. Harvold and R. J. Slater, will retire from the Council this year, their terms of office having ended. Their valuable contribution to the progress of the Association through membership on the Council is gratefully acknowledged. Special thanks are given to the non-dental members.

2. Statement of Policy: Product Endorsation

During the year it became evident that a need existed for a statement of policy on the use of the name of the Canadian Dental Association in relation to the marketing of dental products in Canada. A proposed statement, as adopted by the Council, is attached as Appendix A.

3. Relationship to the Council on Dental Therapeutics of the American Dental Association

For many years, the Council on Research has looked to decisions of the Council on Dental Therapeutics of the American Dental Association as one of the most reliable sources of information about dental therapeutic products. The Council on Research in general accepts the findings of the American Dental Association Council on Dental Therapeutics relating to the therapeutic value of products used in dentistry, but such acceptance does not necessarily imply complete or automatic concurrence with all decisions of the latter Council.

4. Self-administration of Fluoride

The original (May, 1959) statement by the Council concerning self-administration of fluoride was revised and approved. The revised statement is attached as Appendix B.

5. Canadian Dental Research Foundation

(a) The financial report of the Foundation for the year ending December 31, 1960, is attached as Appendix C.

(b) The Council is of the opinion that, in view of the rapid expansion going on in this field, dental research in Canada could benefit if a central office were to be established, which would act in an advisory capacity to

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co-ordinate effort, avoid unnecessary duplication, and in general to stimulate the development of further research in dentistry. Such an office would serve as a source of information for dental research workers who need financial or other assistance; as a source of information for government or other agencies concerning dental research in Canada; and as a liaison between dental research and other biological research activities in Canada. The Council is further of the opinion that the Canadian Dental Research Foundation, because of its close liaison with the Canadian Dental Association, would be the logical organization to carry out these duties. The recommendations adopted by the Council respecting the proposed activities of the Foundation are attached as Appendix D.

6. Fluoridation

(a) The attention of all members of the Association is drawn to the report by the Ontario Fluoridation Investigating Committee. This report, particularly because of the excellent discussion of the question of civil rights and fluoridation, remains one of the most valuable of its kind.

(b) A need still exists for the Association to continue to encourage municipalities to fluoridate their water supplies as a means of partially preventing dental decay. It is recommended that the statement of policy of the Canadian Dental Association in regard to fluoridation be reiterated at this time. (Appendix E)

7. Studentships

(a) The Council received nineteen applications for studentships totalling \$19,080.65.

(b) Twelve grants were made for a total of \$11,441.65, four to dental graduates, and eight to undergraduate dental students for support while working in research laboratories during the summer. In addition, some funds were used to purchase reprints of original scientific articles by Canadian dental authors. Details are attached as Appendix F.

8. Budget

In view of the expanding and healthy program of dental research in Canada and the need for continued stimulation in this direction, the Council requested a budget allocation of \$10,000 for 1962.

9. Canadian Conference on Dental Research

The Council is making arrangements for the first Canadian Conference on Dental Research, to be held early in the fall of 1961. This meeting will afford a necessary and timely opportunity for dental research workers in

Canada to discuss mutual research activities and problems, and in general to become better acquainted. The conference has been made possible through a grant generously donated by the Procter and Gamble Company of Canada, Limited.

Appendix A

CANADIAN DENTAL ASSOCIATION

Policy re: Product Endorsation

WHEREAS the Canadian Dental Association has been asked from time to time to endorse commercial dental products, and

WHEREAS establishing and maintaining the necessary facilities to evaluate dental products would be costly, and

WHEREAS there already exists, through the Government of Canada, an agency to evaluate the safety and advertising claims of therapeutic products sold in Canada, and

WHEREAS product endorsation might result in the name of the Association being misused in advertising, therefore be it

RESOLVED that the Canadian Dental Association not permit its name to be associated in any way with dental products either by trade name or otherwise, for the purpose of indicating approval or disapproval of alleged properties.

ADOPTED

Appendix B

SELF ADMINISTRATION OF FLUORIDE

*A Statement on the Use of Tablets or Concentrated
Fluoride Solutions for the Partial Prevention of Dental Decay*

by

Council on Research

Canadian Dental Association

January, 1961

The value of adding fluoride to the diet in the form of tablets or concentrated solutions in the home, for the partial prevention of dental decay,

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has not as yet been adequately tested. Since these methods of administering fluoride differ considerably from that of communal water fluoridation, it should not be assumed that they necessarily carry the same health benefits.

Certain hazards are associated with self-administration of fluorides that do not occur with water fluoridation. The presence of concentrated fluoride tablets or solutions in the home constitutes a potential danger from acute poisoning (as with many other pharmaceutical agents). If concentrated fluoride tablets or solutions are to be used, they should be provided only on prescription by a qualified dental or medical practitioner, only after the fluoride content of the home water supply has been ascertained, and only where continuous parental supervision can be assured over a period of many years. Details as to fluoride dosage, etc. may be procured by the dental or medical professions on request from the Secretary, Canadian Dental Association.

The use of fluoride tablets or of concentrated fluoride solutions, while worthy of further investigation, must not be considered a substitute for communal water fluoridation, which has been established as a controllable, safe, effective and inexpensive health procedure for controlling dental decay, and which carries the endorsation of the Canadian Dental Association.

ADOPTED

Appendix C

CANADIAN DENTAL RESEARCH FOUNDATION

Balance Sheet — December 31, 1960

Assets

CURRENT ACCOUNT:	
Accrued interest on bonds	\$ 185.66
CAPITAL ACCOUNT:	
Cash in trust company	\$ 155.65
Government and government guaranteed bonds, at cost (par value \$17,100.00)	17,064.50
	17,220.15
	\$ 17,405.81

Liabilities

CURRENT ACCOUNT:	
Surplus	\$ 185.66
CAPITAL ACCOUNT:	
Surplus	17,220.15
	\$ 17,405.81

RECEIPTS AND DISBURSEMENTS

Receipts

Interest on investments held by trust company	\$	579.50
Bank interest		49.69
	\$	629.19

Disbursements

Trust company's fees to December 31, 1960	\$	41.72
Transfers to C.D.A. Dental Research Fund (including \$108.59 remitted by National Trust Company, Limited on December 31, 1960)		587.47
	\$	629.19

Appendix D

CANADIAN DENTAL RESEARCH FOUNDATION

Proposed Activities

It is suggested that dental research in Canada could be well served, particularly in view of the rapid expansion going on in this field, if a central office were to be established to act in an advisory capacity to coordinate effort, avoid unnecessary duplication, and in general to stimulate the development of further research in dentistry. Such an office would serve as a source of information for dental research workers who need financial or other assistance; as a source of information for government or other agencies concerning dental research; and as a liaison between the dental research and other biological research activities in Canada.

Since this type of assignment falls within the original stated purposes of the Canadian Dental Research Foundation, and since the activities of the Foundation remain closely allied with those of the Canadian Dental Association (the Council on Research is the Board of Directors of the Foundation), it is proposed that the Canadian Dental Research Foundation carry out these duties.

To do this, it is suggested that the Canadian Dental Research Foundation:

1. Compile and maintain a central file containing current information concerning.
(a) sources of research funds available to Canadian dental research workers ,and the regulations governing award in each case:

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- (b) sources of special funds (e.g. Foundation, etc.) that might support special projects in dentistry;
 - (c) the annual expenditure to support dental research in Canada and the geographic distribution of the funds;
 - (d) the annual expenditure for other biological research support in Canada and the geographic distribution of the funds;
 - (e) a list of dental research personnel in Canada, their qualifications, fields of interest, etc.
2. Prepare a resume of the development of dental research in Canada, and to maintain it up to date each year, and to use this information to project future needs.
 3. Encourage appeals for funds to support dental research in general, and to continue efforts to increase the capital funds of the Foundation itself.
 4. Assist dental institutions in initiating research programmes by providing information as to funds, organization, etc., or where Foundation funds are available, permit already established workers to visit and advise on the scene.

To enable the Foundation to be acquainted as fully as possible with research in Canada, both dental and other, a request should be made to the appropriate organization asking that the President of the Canadian Dental Research Foundation be appointed as —

- (a) ex officio member of the Council on Research of the Canadian Dental Association.
- (b) ex officio member of the Associate Committee on Dental Research of the National Research Council.
- (c) the dental representative to meetings of Interdepartmental Medical Research Co-ordinating Group.

Appendix E

STATEMENT ON FLUORIDATION

WHEREAS tooth decay, by affecting the vast majority of people in Canada, has come to be recognized as one of the major public health problems of our time, and

WHEREAS studies covering a period of over thirty years under the widest variety of controlled conditions have marked fluoridation as one of the most widely studied of public health procedures, and

WHEREAS such studies reveal that the use of fluoride in the recommended amounts one part of fluoride to one million parts of water

causes no ill-effect and is effective in reducing tooth decay by approximately two-thirds, and

WHEREAS fluoridation benefits children and the benefits extend into adult life, therefore be it

RESOLVED that the Canadian Dental Association reiterates its recommendation to the people of Canada that communities having a public water supply adopt a procedure for adjusting the fluoride content of their water supply to a level considered optimal for the maximum prevention of dental decay, and for this purpose seek competent dental, medical and engineering advice.

ADOPTED

Appendix F

ALLOCATION OF FUNDS FOR STUDENTSHIPS 1961

Grantee		Amount
A Reprints		
E. P. Harvold and H. G. Poyton, Faculty of Dentistry University of Toronto.	To purchase 200 reprints of "An Improved Tracing Technique for Radiographic Radiometry". J.C.D.A. 27 (3): 145-147, March, 1961.	\$ 13.32
R. M. Grainger and G. Nikiforuk, Faculty of Dentistry, University of Toronto.	To purchase 250 reprints of "The Determination of Relative Caries Experience". J.C.D.A. 26 (3): 531-37, September, 1960.	\$ 23.79
R. C. Burgess, G. Nikiforuk and C. MacLaren, Faculty of Dentistry, University of Toronto.	To purchase 250 reprints of "Chromatographic studies of carbohydrate components in enamel", Arch. Oral. Biol., Vol 3: 8-14, 1960.	\$ 45.92
B Travel		
F. J. Marshall Faculty of Dentistry, University of Manitoba.	To partially defray travel costs and living expenses while attending a six-week course in advanced training and orientation in radioisotope research techniques at the Oak Ridge Institute of Nuclear Study, Oak Ridge, Tenn.	\$ 375.00

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Gordon Nikiforuk, Faculty of Dentistry, University of Toronto.	To partially defray living costs and travel for consultation with Drs. W. Armstrong and L. Singer at the University of Minnesota, to learn first-hand of recent methods developed for fluoride analysis in tissues.	\$ 125.00
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C Studentships to Graduates in Dentistry

Keith W. Davey, Toronto, Ontario.	A renewal for five months of a Studentship granted April 28th, 1960, to permit completion of a dental investigation during studies in the field of Paedodontics at the Eastman Dental Clinic, London, England.	\$1,041.65
Ronald E. Jordan, Winnipeg, Manitoba.	To partially defray living costs, fees, etc., while undertaking a programme of study leading to the Master of Science in Dentistry (operative) degree at the School of Dentistry, University of Washington, Seattle, Washington. This programme is being undertaken in preparation for a full-time teaching position on the staff of the Faculty of Dentistry, Dalhousie University.	\$3,000.00

D Studentships to Undergraduates in Dentistry

Raymond J. Bozek, University of Toronto.	Salary while employed for three months under the direction of Dr. G. E. Connell, Department of Biochemistry, University of Toronto, during the summer of 1961.	\$ 855.00
Marshall D. Teikoff, University of Manitoba.	Salary while employed under the direction of Dr. J. R. Trott, Department of Oral Biology, Faculty of Dentistry, University of Manitoba, during the summer of 1961.	\$ 855.00
	Salary while employed under the direction of Professor J. Tuba, Department of Biochemistry, University of Alberta during the summer of 1961.	\$ 915.00

RESEARCH

Miss Halina Kramarz.	Salary while working under the direction of Dr. J. DeVries, Department of Bacteriology, Montreal General Hospital, Montreal, Quebec, during the summer of 1961.	\$ 915.00
Mr. Steve Miller, McGill University.	Salary while working under the direction of Dr. F. C. MacIntosh, Department of Physiology, McGill University during the summer of 1961.	\$ 795.00
Mr. B. L. Pedlar, University of Toronto.	Salary while working under the direction of Drs. H. A. Hunter and H. G. Poyton, Division of Dental Research, Faculty of Dentistry, University of Toronto, during the summer of 1961.	\$ 855.00
Mr. John R. Robertson, Dalhousie University.	Salary while working under the direction of Dr. F. W. Fyfe, in the Department of Anatomy, Dalhousie University during the summer of 1961.	\$ 795.00
Mr. Sarto Sasseville, University of Montreal.	Salary while working under the direction of Dr. G. Perrault, Department of Paedodontics, Faculty of Dentistry, University of Montreal during the summer of 1961.	\$ 915.00
		\$11,524.68

COMMENT AND ACTION

- 1. We concur.
- 2. We recommend adoption of resolution in Appendix A.
- 3. Agreed.
- 4. We recommend approval of Appendix B.
- 5. (a) Information.
(b) Agreed.

RESEARCH

6. (a) Information.

(b) Agreed.

Appendix E — Approved.

7. (a) Information.

(b) Noted.

Appendix F — approved.

8. We recommend sympathetic consideration of the budgetary request.

9. Noted with interest.

We recommend adoption of the report.

APPROVED

MEMBERS: *W. J. Riley, Chairman, Winnipeg, Man.; M. Rogers, Montreal, P.Q.*

REPORT

1. To the Honourable T. C. Douglas, Premier, Regina, Sask.

The Board of Governors of the Canadian Dental Association wishes to express its deep appreciation and thanks to the Honourable T. C. Douglas for taking time from a very busy schedule to give such a timely address to our Association Luncheon on Tuesday, June 6, at the Bessborough Hotel.

2. To the Provincial Secretary, Province of Saskatchewan, Regina.

The Board of Governors of the Canadian Dental Association wishes to express its appreciation of your generosity and courtesy in providing a luncheon for the delegates attending our Annual Convention.

3. To Honourable Walter Erb, Minister of Health, Province of Saskatchewan, Regina, Sask.

The Board of Governors of the Canadian Dental Association wishes to thank you for your courteous cooperation in acting as chairman of the luncheon provided by your Government for delegates attending our Convention.

4. To the Manager and Staff of the Bessborough Hotel, Saskatoon, Sask.

The Board of Governors of the Canadian Dental Association wishes to convey its thanks and appreciation for your courtesy and outstanding service during our annual convention in your excellent hotel.

5. Reverend Father F. McGillvary, St. Paul's Rectory, Saskatoon, Sask.

The Board of Governors of the Canadian Dental Association wishes to convey to you its most sincere thanks for your most appropriate and inspiring Invocation at its opening session Tuesday, May 31st, 1961.

6. Dr. F. A. Fernet, General Chairman, Convention Committee, Saskatoon, Sask.

The Board of Governors of the Canadian Dental Association wishes to convey to Dr. F. A. Fernet and all the members of the Convention Committee a sincere vote of thanks for the splendid clinical and social program, also for the meticulous arrangements made for the 1961 convention program.

7. To the President of the C.D.A., Dr. J. P. Whyte and Mrs. Whyte.

The Board of Governors of the Canadian Dental Association wishes to convey its sincere thanks to Dr. and Mrs. J. P. Whyte for the most delightful reception enjoyed by the delegates and their wives at the Saskatoon Club.

RESOLUTIONS, SPECIAL

8. To Mrs. Frederick Smith, Chairwoman of the Ladies Committee, Saskatoon, Sask.

The Board of Governors of the Canadian Dental Association wishes to thank you most sincerely for the program arranged by you and your committee for the ladies most delightful entertainment during the convention.

9. Mrs. F. A. Fernet, Saskatoon, Sask.

The Board of Governors of the Canadian Dental Association wishes to express its most sincere appreciation for the splendid and enjoyable entertainment of the ladies during the Board of Governors Meeting.

10. To the Headquarters Staff, Canadian Dental Association, Miss B. I. Boyd, Mr. K. L. Croft, Miss H. Collins, Mrs. O. Costin and Miss H. McLennan.

The Board of Governors of the Canadian Dental Association wishes to convey to the headquarters staff its most sincere thanks and appreciation for the faithful and most efficient performance beyond the call of their duties, making the smooth operation of the annual meeting a pleasure for each governor to attend.

11. To the Press, Radio and Television Services, Saskatoon, Sask.

The Board of Governors of the Canadian Dental Association wishes to express its appreciation for your outstanding courtesy and cooperation in publicizing the activities and deliberations of the Canadian Dental Association annual meeting.

12. To Dr. W. K. Martin, President, Western Canada Dental Society, Regina, Sask.

The Board of Governors of the Canadian Dental Association wishes to convey to Dr. W. K. Martin and all the members of the Western Canada Dental Society its most sincere thanks for their kindness and cooperation in making our joint meeting in Saskatoon, June 4th to 7th such an outstanding success.

13. To Dr. and Mrs. E. S. Shapera, Saskatoon, Sask.

The Board of Governors of the Canadian Dental Association wishes to extend to you its most sincere thanks for your wonderful hospitality and kindness in entertaining those attending the Board Meeting and their wives in your beautiful home on Saturday evening, June 3, 1961.

14. Mayor Buckwold, Saskatoon, Sask.

The Board of Governors of the Canadian Dental Association wishes to express its thanks and appreciation to Mayor Buckwold for extending greetings to the Association at its opening session on June 5th and for making available the facilities of this fine city.

15. To Dr. John R. Spinks, President, University of Saskatchewan, Saskatoon, Sask.

The Board of Governors of the Canadian Dental Association wishes to extend thanks and appreciation to the President of the University of Saskatchewan for his kindness in arranging for our ladies the tour of the University of Saskatchewan buildings and campus. We take great pleasure in complimenting you on your splendid facilities.

16. To Mr. Shepherd, Director of Western Development Museum, Saskatoon, Sask.

The Board of Governors of the Canadian Dental Association wishes to thank Mr. Shepherd, Director of the Western Development Museum for his kindness and cooperation in arranging the tour of the Museum by our ladies on Wednesday, June 7, 1961.

17. To Dr. M. H. Garvin, Winnipeg, Man.

The Board of Governors of the Canadian Dental Association wishes to convey to Dr. M. H. Garvin its most sincere thanks for his most appropriate Invocation of Divine Guidance for the annual convention.

18. WHEREAS the Ontario Fluoridation Investigating Committee, early in its consideration of matters relating to fluoridation, commissioned the preparation of several reports pertinent to various aspects of the subject, and

WHEREAS one of these reports, entitled "Fluorides and Dental Health" was prepared by Dr. K. J. Paynter, Dr. Gordon Nikiforuk, and Dr. R. M. Grainger, and

WHEREAS this report is a monumental contribution to the literature on fluoridation which greatly assisted the Ontario Fluoridation Investigating Committee in its deliberations, and

WHEREAS this report and the representations made by its authors before the Committee added immeasurably to the stature of dentistry as a responsible and objective scientific discipline, therefore be it

RESOLVED that the sincere and grateful appreciation of the dental profession in Canada be recorded, and

THAT this expression of appreciation be extended to Dr. Paynter, to Dr. Nikiforuk, and to Dr. Grainger.

19. WHEREAS the Canadian Dental Association sincerely regrets that Dr. R. A. Rooney, Chairman of the Auxiliary Services Committee, was unable to attend the 1961 Meeting of the Board of Governors, and

WHEREAS Dr. Rooney has, in many and varied capacities and over a period of many years, rendered sincere and dedicated service to the profession of dentistry, therefore be it

RESOLUTIONS, SPECIAL

RESOLVED that the Canadian Dental Association records its sincere appreciation of the exemplary services of Dr. Rooney to the profession of dentistry and to the public we serve, and

THAT the Canadian Dental Association desires to record its sincere wish that Dr. Rooney may enjoy an early recovery, and

THAT these sentiments be extended to Dr. Rooney.

20. Telegram to The Hon. E. C. Manning, Premier of Alberta:

The Board of Governors of the Canadian Dental Association, now in annual session at Saskatoon, extends congratulations and expresses its sincere appreciation to you and your Government for the provision of new and expanded facilities for the training of dentists and the inauguration of a training program for dental auxiliaries. We feel sure that these forward steps will ultimately contribute immeasurably to the betterment of the dental health of the people of your province, and indirectly, the people of Canada.

21. Telegram to Dr. Johns, President, University of Alberta:

WHEREAS The University of Alberta is opening a new Dental School with considerably enlarged facilities, and

WHEREAS the School is establishing a course for the training of Dental Auxiliaries, therefore be it

RESOLVED that the Canadian Dental Association in session at their annual meeting in Saskatoon takes great pleasure in congratulating the President of the University of Alberta, the Dean of Dentistry and the Faculty on the opening of such splendid increased facilities.

22. WHEREAS Frank Godsoe of Hampton, New Brunswick is now in his 100th year and has had a long and distinguished career as a member of the dental profession, and

WHEREAS he gave so much to organized dentistry in Canada and during World War I unselfishly gave his services for its duration, and

WHEREAS he is the oldest living Canadian dentist and is an honorary member of the Canadian Dental Association, it is

RESOLVED that the felicitations and good wishes of the members present at this 60th annual meeting of the Canadian Dental Association now in session at Saskatoon be forwarded to Dr. Godsoe in the form of this resolution.

APPROVED

Number 1**College of Dental Surgeons of Saskatchewan**

WHEREAS the Government of Saskatchewan appointed an Advisory Planning Committee on Medical Care, and

WHEREAS the Council of the College of Dental Surgeons of Saskatchewan felt that the best interest of the people would be served by submitting to this committee a brief on the dental situation as it pertained to Saskatchewan, and

WHEREAS a great amount of work was done and time and energy spent by Canadian Dental Association headquarters staff in the preparation of this brief, and

WHEREAS the President, the Secretary and the economic director of the Canadian Dental Association were present in Saskatoon to assist in the presentation of this brief to the Advisory Planning Committee, therefore be it

RESOLVED that the Council and Members of the College of Dental Surgeons of Saskatchewan wish to publicly thank the individual members of the executive and staff of the Canadian Dental Association Headquarters for their invaluable help and cooperation.

ACTION

Noted with gratification that the Canadian Dental Association facilities were available and so helpful.

APPROVED

Number 2**British Columbia Dental Association**

WHEREAS the Canadian Dental Association has for some years past recommended the obtaining of experience in pilot programs of pre-paid dental insurance at the provincial level, and

WHEREAS there is increasing evidence of public and political demand for such programs, and

WHEREAS it has come to our attention that at least one neighbouring province has made considerable progress towards instituting a program of pre-paid dental care without any awareness on our part, and

WHEREAS it would be most helpful for the provincial Health Insurance Studies Committees to interchange ideas and information, and

RESOLUTIONS SUBMITTED

WHEREAS the Canadian Dental Association Dental Services Committee receives annual reports and other information from the mentioned committees and is therefore the logical agency for the distribution of this information, therefore be it

RESOLVED that the Dental Services Committee of the Canadian Dental Association distribute all annual reports of the provincial Health Insurance Studies Committees or other like committees to all other like committees in the future, and further be it

RESOLVED that any other pertinent information from these sources be likewise distributed, and further be it

RESOLVED that the Dental Services Committee is to use its judgment as to distributing in a like manner any useful reports or other information already in its possession.

ACTION

Motion:

THAT it be recommended the Dental Services Committee employ its judgment in the distribution of any reports or information which may be of interest or value to the provincial bodies.

APPROVED

Number 3

College of Dental Surgeons of the Province of Quebec

WHEREAS post graduate courses are essential to the dentists attempting to keep abreast of the advances in the science and practice of dentistry, and

WHEREAS the public benefits directly from the attendance of dentists at such courses, and

WHEREAS the cost of such courses is considerable, and

WHEREAS in effect, attendance at these courses represents a financial outlay, in anticipation of increased revenue, be it therefore

RESOLVED that the Canadian Dental Association represent to the proper authorities that costs of attending post graduate courses at recognized universities be allowed as a deductible income tax item.

ACTION

We strongly recommend that the Executive Council continue to take necessary action.

APPROVED

Number 4

College of Dental Surgeons of the Province of Quebec

WHEREAS the Canadian Dental Association has become truly national in the scope of its activities, and

WHEREAS some of these activities already involve liaison with agencies at the federal level, and

WHEREAS it is reasonable to assume that other agencies will presently be involved at this level, be it therefore

RESOLVED that Canadian Dental Association headquarters be removed to Ottawa as soon as possible.

ACTION

WHEREAS the moving of headquarters would require a great financial outlay, and

WHEREAS many national headquarters of other health organizations are located in Toronto, and

WHEREAS the present headquarters is located near the largest concentration of dentists in Canada, be it

RESOLVED that at the present time it is not advisable to move the headquarters to another location.

APPROVED

Number 5

College of Dental Surgeons of the Province of Quebec

WHEREAS the dentist on graduation is generally short of funds and credit with which to establish himself, and

WHEREAS the shortage of funds or long term credit for the young dentist often limits the scope of his operations and the availability of his service to the public, and

WHEREAS there is shortage of dentists in Canada and a declining rate of enrolment in dental schools, due in part to the difficult financial burden that must be carried in becoming established, and

WHEREAS the financial hardship imposed on the dentist, due to the necessity of using short term high cost credit imposes a physical and mental strain on the dentist, will decrease his efficiency and shorten his term of practice, and

WHEREAS this is not in the best interest of the public, and

RESOLUTIONS SUBMITTED

WHEREAS there has been recent legislation concerning Small Business Loans, therefore be it

RESOLVED that Bill C-40, an act of Parliament of the Government of Canada respecting loans to proprietors as small businesses be amended to make this type of credit available to dentists entering or in practice.

ACTION

We recommend that this resolution be referred to the Executive Council for study, noting the intent of the resolution.

APPROVED

Number 6

Alberta Dental Association

BE it resolved that the Board of Directors of the Alberta Dental Association support the policy of the Executive Council of the Canadian Dental Association with respect to the payment of honoraria for essayists and clinicians at Conventions under, or partly under, the auspices of the Canadian Dental Association.

ACTION

Noted.

APPROVED

Number 7

Alberta Dental Association

BE it resolved that the Board of Directors of the Alberta Dental Association does support the resolution of the Board of Governors of the Canadian Dental Association regarding acceptance of commercial exhibits at Conventions under, or partly under, the auspices of the Canadian Dental Association.

ACTION

Noted.

APPROVED

Number 8

College of Dental Surgeons of the Province of Quebec

WHEREAS a pro-ration device is being used in respect of a Pre-payment Model Plan, and

WHEREAS the use of this device may be necessary to the success of any such plan, and

WHEREAS Pre-payment plans could result in an extension of our service to the public, and

WHEREAS in present form, pro-ration would involve the participating dentist in the risk of paying for his own service, which is beyond his legal responsibility, and

WHEREAS the participating dentist might be tempted to avoid this risk by making his service as unattractive as possible to the participating patients, thereby reducing percentage participation, and

WHEREAS this would not be in the best interest of the public or the profession, be it therefore,

RESOLVED that if the pro-ration device is to be used, the participating dentist be protected against the risk of having to lose any part of his predetermined fee.

ACTION

RESOLVED that it be referred to the Dental Services Committee for consideration.

APPROVED

Number 9

College of Dental Surgeons of the Province of Quebec

WHEREAS the medical and dental professions will be asked to provide information to the Royal Commission recently appointed to consider national health, and

WHEREAS such a commission is by its very nature subject to political and other pressures which could lead to premature institution of an unworkable health scheme, and

WHEREAS the professions are in the best possible position to provide accurate information as to the practicability of any health plan, and

WHEREAS it is physically impossible for the dental profession to provide care for all of the citizens of this country, and

WHEREAS any attempt to do so could lead to a deterioration in the quality of our services, which is not in the best interests of the public, and

WHEREAS the financial burden of any such attempt could result in economic disaster, be it therefore

RESOLUTIONS SUBMITTED

RESOLVED that the C.D.A. Board of Governors consider supporting a plan whereby a participant be required to pay at least a portion of the fee for treatment and that participation in such scheme be restricted to welfare patients.

ACTION

RESOLVED that it be referred to the Dental Services Committee for consideration.

APPROVED

Number 10

College of Dental Surgeons of the Province of Quebec

WHEREAS the present system of a floor of 3% before medical and dental etc. accounts are deductible for income tax purposes causes confusion in the minds of the public, and

WHEREAS making all such expenses deductible would be in the best interests of the public, and

WHEREAS such a procedure has already been advocated by other organizations, be it therefore

RESOLVED that the C.D.A. Board of Governors consider approaching the authorities, with a view to having all medical, dental and such payments, made deductible for income tax purposes to the extent allowed by law.

ACTION

RESOLVED that, in view of the fact that the wording of the last paragraph is confusing, this resolution be referred back to the College of Dental Surgeons of the Province of Quebec for reconsideration.

APPROVED

Number 11

College of Dental Surgeons of the Province of Quebec

WHEREAS the medical and dental professions are currently under political pressures, and

WHEREAS this harrassment is increasing steadily, and

WHEREAS this atmosphere makes exercise of our responsibility increasingly difficult, and

WHEREAS the quality of our service could deteriorate under these conditions, and

WHEREAS this would not be in the best interests of the public, and

WHEREAS we are continually being asked to provide our services at less than cost, and

WHEREAS this is not possible without access to public funds, be it therefore

RESOLVED that the C.D.A. Board of Governors consider establishing a fixed position from which to take aggressive action as national issues clarify themselves, with a definite statement as to where our responsibility begins and ends and the attendant conditions necessary to its proper discharge.

ACTION

RESOLVED that this be referred to the Executive Council for further study.

APPROVED

Number 12

Manitoba Dental Association

WHEREAS the Board of The Manitoba Dental Association find many problems, queries and advisements which they would like to direct to the Executive Secretary of the Canadian Dental Association, and

WHEREAS correspondence does not provide an adequate or complete answer, therefore be it

RESOLVED that the Board of Governors consider having the Executive Secretary meet the provincial boards of the Canadian Dental Association at a suitable time not to be a part of the President's Annual Visit.

ACTION

1. Routine attendance of the Secretary at regular provincial board meetings is neither feasible nor in the best interests of the Association.
2. This aspect of communication between the provincial and national levels of the profession is better served by the Secretaries' Conference and by such specific visits of the Secretary to the provinces as may be deemed necessary from time to time.

We, therefore, do not concur with this resolution.

APPROVED

RESOLUTIONS SUBMITTED

Number 13

Manitoba Dental Association

WHEREAS a major concern of dentistry is to provide more service for the public, and

WHEREAS the manpower situation at the present and foreseeable future does not indicate any improvement in the ratio between the dentist and the population, and

WHEREAS in the recent amendment to the Dental Act of Manitoba one section dealt specifically with auxiliary services, therefore be it

RESOLVED that the Canadian Dental Association stress the need for auxiliary aids as an integral part of the plans for dental services.

ACTION

In view of the Policy Statement of the Canadian Dental Association on Auxiliary Personnel this resolution requires no further action.

APPROVED

Number 14

Manitoba Dental Association

WHEREAS it is our considered opinion that the need for auxiliary assistance is of primary importance in the practice of dentistry, and

WHEREAS we deem it necessary to consider the need for training of auxiliary personnel, therefore be it

RESOLVED that the Canadian Dental Association request the Council on Dental Education to consider efforts to expedite the training of auxiliary personnel in dental procedures beyond what has been heretofore accepted as the duties of the dental hygienists.

ACTION

This resolution being identical to that received at the annual meeting of the CDA Board of Governors at Ottawa in 1960 indicates a sense of urgency from this province. Therefore we recommend that the Council on Education be urged to take immediate effective action in this regard.

APPROVED

Number 15

Manitoba Dental Association

WHEREAS it is our opinion that the value of educating the public to be aware of the benefits of sound dental health practices, and

WHEREAS there will be an ever increasing need to keep the objectives of the dental profession before the public, therefore be it

RESOLVED that every encouragement be given to the continuation of a National Dental Health Week.

ACTION

In view of the fact that the Canadian Dental Association is not conducting at the present any National Dental Health Week and cannot encourage the continuation of same this resolution is referred back to the Manitoba Dental Association for clarification.

APPROVED

REPORT

1. The relationship of the dental profession to its social environment is a changing one. To believe in a status quo position is contrary to history. Society is constantly making alterations and consequently a profession must adapt to a changing order. The reason for emphasizing this point is that social alterations have now been accelerated for some years. It is predicted that the health professions will reach a crisis during the present decade.
2. Undoubtedly most members of the profession observe these changes occurring around them. The question is whether or not they appreciate the position of their own profession in this changing order. Difficulty is experienced by most professional organizations in communicating such matters to their members. This same obstacle within professions has occurred in practically all countries which now have radically altered health services.
3. (a) An apparent need exists for increased communication to the profession on current problems. Study of the matter has established that means in addition to the Journal and other printed media issued by the association are desirable. In the opinion of the Executive Council a part of the convention program should be set aside for this purpose and action has been taken to this effect. Social problems have become an important part of professional activities and consideration should be given to such presentations as a part of all convention programs.
(b) It is felt that these matters can be effectively considered on the local society level. Some three years ago recommendation was made that local societies consider the inclusion of some phase of social health problems in their programs for the year. Some local societies did this. There is indication that a few local societies are contemplating such action at the present time which is commendable.
4. The prime reason for the existence of a health profession is for the purpose of providing services. Anything which comes between the dentist and this first objective militates against the standing or influence of the dentist and the profession as a whole. Until a few years ago the dental profession determined wholly all that appertained to the practice of dentistry. Today representatives of the consumers of health services constitute a third party who are having more and more to say respecting where, how and by whom health services are to be rendered. In its many phases this formulates a real problem to be recognized by the dental profession.
5. The responsibility of the profession in providing the service remains much the same but the phrase "on an acceptable basis" must be added to any statement on the matter. Much of the legislative difficulty during recent years has had this reason as the basic cause. Leadership from within the profession and not from without will result in the best dental services for the public.

The need is for informed leadership both dental and social. The arguments on both sides of these questions must be understood fully if the leadership is to be effective.

6. Last December the establishment of a Royal Commission on Health Services was announced by the Federal Government. At the time of writing this report, only the Chairman had been named and the terms of reference have not been announced. As a consequence it is not known whether or not dental services will be included under the Commission activity. Some preliminary work has been done in case it becomes necessary to make presentations.

7. The availability of personnel has not improved. The ratio of dentists to population as of January 1961 was one dentist to 3,037 of the population compared to one dentist to 3,018 of the population for the same date 1960. If the future estimates for the population hold true (and these estimates are running ahead) there will be little opportunity for improved ratio even with the increased teaching facilities presently established. While discussions are continuing respecting the establishment of, at least, one new school no concrete action can be reported.

8. The Report of the Commission on the Survey of Dentistry in the United States has been recently issued. This report represents the most costly and intensive effort ever made to study the position of dentistry. The Commission was made up of representatives of the more prominent vocations, there being four dentists out of fifteen members. While it is too early to predict the effect of the report, there is every likelihood that it will set many trends of future dentistry. For this reason the report should be carefully studied by all dentists.

9. Negotiations are underway in several provinces on the matter of auxiliary personnel. The policy statement on this subject adopted at the last Annual Meeting has served as a guide in these negotiations. Considerable favourable comment from outside the profession has been received respecting the leadership of the profession on this matter.

10. In spite of disappointments, progress is being made in the fluoridation of municipal water supplies. As of January 1961 7.3% or approximately 1/14 of the population were drinking fluoridated water. The estimated fraction of people so doing one year earlier was 1/16th. The recent report of the Ontario government committee should mean acceleration of fluoridation.

11. The second annual Secretaries' Conference was held last January. These conferences are proving to be very profitable in forwarding policies, creating understanding and solving mutual problems.

12. The American Dental Trade Association is meeting in Canada at Murray Bay, Quebec later this month. Representatives of the Canadian Dental

SECRETARY

Association will participate in the program with Dr. Remy Langlois acting as official representative.

13. Endeavour herein is made to pick up some items not reported elsewhere at this meeting and to avoid duplication.

14. The headquarters staff desire that I convey to you their appreciation for all courtesies shown during the past year.

COMMENT AND ACTION

1-2. Concur.

3. (a) We agree with the suggestion of the Secretary that time should be provided in the national convention program for informing the membership on current socio-professional problems. The resolution in Appendix A, paragraph D to the Executive report prescribes an effective and important means of establishing such communication.

(b) We concur and recommend that the Secretaries' Conferences consider means of encouraging the inclusion of social health problems in the programs of local dental societies.

4. Agreed.

5. Concur.

6. Informative.

7. Concur.

8. Information. We commend the excellence of this survey and feel that Dr. Gullett's participation in it is complimentary both to him and to our Association. We also note that Councils and Committees on Education, Public Health, Research and Dental Services have been invited to prepare statements in the CDA Journal respecting the Survey of Dentistry in the United States and its implications for dental practice in Canada.

9. Informative.

10. Noted with keenest interest. Nevertheless it is essential that members of the profession renew their efforts to secure public support for the further extension of water fluoridation.

11. The value of these conferences in establishing liaison between the corporate bodies is clearly evident and we commend this continuing effort.

12. Informative.

13. The general philosophical survey of our problems presented annually by the Secretary is of great value to us and is much appreciated.

14. Noted.

We recommend the adoption of the report.

APPROVED

MEMBERS: *M. A. Rogers, Chairman, Montreal, P.Q.; P. J. Gitnick, Montreal; G. de Montigny, Montreal; H. T. Oliver, Montreal.*

1. National Specialist Certification

Encouraged by the Board of Governors at the meeting in Ottawa in September 1960, this committee has been active formulating plans for a National Dental Specialist Certification Board in Canada.

The following principles are submitted for your approval.

(a) *Name of organization*

The committee suggests the name Royal College of Dentists (Canada).

It is agreed that federal legislation should be sought at an appropriate time to establish such a college.

(b) *Aims*

The aims of the college remain as expressed earlier.

- i To set up qualifications for dental specialists.
- ii To encourage establishment of training programs in the dental specialties in Canadian schools.
- iii To establish regulations governing the specialties.
- iv To give recognition to properly trained specialists.

(c) *Membership*

Membership in the College should represent the highest possible qualification in order that national and international recognition of its members should be beyond question. Members shall be known as Fellows and shall be awarded the degree of Fellows of the Royal College of Dentists, F.R.C.D. (Can.)

Initially, in order to create Charter Fellows, a limited number of men nationally accepted as specialists will be awarded the Fellowship. A logical and acceptable method for their selection has not, as yet, been established. Thereafter, admission to Fellowship will be by fulfilling all of the following:

- i Completion of a course prescribed by the College in universities recognized by the College.
- ii Internship, if required by the College.
- iii Satisfying the board of examiners established by the College in each specialty.

Consideration is being given to awarding a limited number of Fellowships "Honoris Causa" to specialists of international renown.

(d) *Relationship to the C.D.A.*

Such a college should have autonomy but should remain closely associated with the Canadian Dental Association with representation to it.

SPECIALIST AND SPECIALIZATION

(e) *Specialists Recognized*

The college will be created for those specialties currently recognized by the C.D.A., i.e. Oral Surgery, Orthodontics and Periodontics. The present Canadian organizations of these specialties will be asked to

- i Assist in establishing requirements for membership.
- ii Have representation to the board of the College.
- iii Appoint examiners in the various specialties.

The College will enlarge in scope to include other specialties as the need arises and in recognition of their importance.

(f) *Relationship to Provincial Licensing Bodies*

It is proposed that the College should, in no way, interfere with the granting of specialist certificates by provincial licensing bodies.

It is our plan to establish the requirements for Fellowship at a level which will meet or exceed the requirements for specialist certification in all provinces.

Provincial bodies will, then, retain the prerogative of licensing specialists whom they consider qualified even though they are not Fellows of the College. Indeed, this will be necessary for some years to come until a sufficient number of Fellows are available to meet the demand for specialist services.

Fellowship in the College would not, then, per se, entitle a holder to a provincial specialist certificate. It is hoped, however, that the qualifications of Fellows of the College will be such as to merit recognition by all provincial boards.

This, then, is the outline of our plan. Many details such as finance and administration remain to be worked out. Our aims are clear, our ideals the highest. We believe that the creation of such a College will raise the standards of specialization in Canada and incur the deserved public recognition and respect. It will surely, as well, establish a national standard on which all provincial bodies may rely with confidence.

2. **1961 Secretaries' Conference**

The chairman of this committee appeared before the Secretaries' Conference at C.D.A. headquarters on January 9, 1961 and outlined the current plans for the proposed Royal College of Dentists.

This conference recorded its interest in and approval of the principle of creating such a College.

3. **Publicity**

This committee expresses its appreciation to the Council on Journalism and to the Editor of the Journal for the fine coverage given to this proposal in two issues of the Journal and in the Governors' Letter of January 13, 1961.

4. **Limitation of Practice**

The committee notes with interest the revision of the Principles of Ethics of the American Dental Association as approved at its Annual Session in 1960. Section 18 respecting Specialty Practice reads in part

- “1. The indicated area of dentistry must be one for which there is a Certifying Board approved by the American Dental Association.
2. The dentists' practice must be limited exclusively to the indicated area of dentistry.”

5. **Future Plans**

This committee plans to continue its efforts towards the creation of the proposed Royal College. It is our hope that a detailed plan may be ready for presentation at the 1962 annual meeting of this Board.

COMMENT AND ACTION

1. (a) Information
- (b) Information.
- (c) Information.
- (d) Agreed.
- (e) Agreed.
- (f) Agreed.
2. Information.
3. Noted.
- 4-5. Information.

The Specialists and Specialization Committee is to be commended for its efforts in the creation of this College which we believe will enhance the international prestige of Canadian dentistry.

We recommend the adoption of the report.

APPROVED

I beg to submit the following report as Treasurer.

1. Your Executive Council has given very careful consideration to the finances of the Association during the past year. At the Council meeting held at the Headquarters in February, 1961, a good deal of time was spent on this phase of the activities of the Association.

2. Housing Fund

(a) At the last meeting of the Board of Governors approval was given to the Executive recommendation that this fund be dispensed with and that the money in this account be transferred to the general account.

(b) The transfer was made in December 1960 in the amount of \$4,030.01.

3. Transfer of Surplus to Reserve

At the meeting of the Executive Council in Ottawa a motion was passed giving permission to the Secretary and Treasurer to transfer to the reserve fund a reasonable amount should there be a healthy surplus. It became apparent in December 1960 that the surplus was of a substantial nature and accordingly we transferred to reserve an amount of \$40,000.

I would bring to your attention two items that have a significant bearing on the amount of surplus (a) Housing Fund transfer (b) the Transactions for 1960 were not available until January 1961 and hence were not paid for from the 1960 budget. The total of these two items is in the vicinity of \$10,000.

4. Secretaries' Conference

The Secretaries' Conference was held at the headquarters on January 9-10 of this year. The financial arrangements were on the same basis as the previous one. A recommendation coming out of the conference was that due consideration be given to extending the meeting an extra day in 1962.

A tentative financial statement as of May 19, 1961 appears as Appendix A7.

5. 1960 Convention

The C.D.A. convention (1960) held in Ottawa was an outstanding success financially and otherwise. The statement of revenue and expenditure as presented in the final report of the convention committee shows the allocation to the C.D.A. to be \$3,209.77. Congratulations are extended to the chairman, Dr. J. P. Coupland, and all those associated with him.

6. Bonds

Early in January of this year the Province of Quebec brought out a bond issue of $5\frac{3}{4}\%$. The Secretary and Treasurer after consultation invested \$5,000 of the Association's funds in this issue at a price of $99\frac{1}{4}$. One bond issue will be maturing in 1961. This is a Province of Ontario in the amount of \$3,000, December 15, 1961.

In January of this year I checked the bond list of the Association deposited in safety deposit box of the Royal Bank of Canada, Spadina and College Branch, Toronto and found them correct. A list of the securities held as of December 31, 1960 is submitted as Appendix A4.

7. Survey of Accounting and Records

With the expansion of Association activities need has developed for improved accounting methods. Minor changes have been made on the advice of our auditors but we are informed that the whole system should now be examined with a view to lessening the work involved and producing a more comprehensible annual statement. If this proposed project is approved the aim would be to institute adopted new methods at the beginning of the year 1962. The proposal as submitted by The Thorne Group, a subsidiary to our auditing firm, is appended as Appendix A5.

The Executive Council at the February meeting passed a motion that the survey be proceeded with at the estimated fee of \$575.00.

8. The Auditors' Financial Statement for 1960 appears as Appendix A1, approved by Executive Council.

9. The estimated budget revisions for 1961 appear as Appendix A2.

One item in the budget has been brought to my attention by the Secretary since the February meeting of the Executive Council. There has been a miscalculation in the officers and employees pension plan item. The amount budgeted for this item is \$6,800 whereas the actual amount required will be \$7,832.25. This will reduce the estimated surplus for 1961 from \$17,795 to \$16,762.75.

10. The budget for 1962 appears as Appendix A3 and is approved by the Executive Council.

11. The firm of Thorne, Mulholland, Howson and McPherson were appointed auditors for 1961 by the Executive Council.

12. Comment on Financial Statement for year ending December 31, 1960 appears as Appendix A6.

Appendix A1

AUDITOR'S REPORT

We have examined the accounts of the Canadian Dental Association for the year ended December 31, 1960 and report that, in our opinion, the accompanying balance sheet and related statements of revenue and expenditure present fairly the financial position of the Association as at December 31, 1960 and the results of its operations for the year ended on that date, exclusive of the accounts of the Council on Journalism, according to the best of our information and the explanations given to us and as shown by the books.

THORNE, MULHOLLAND, HOWSON & MCPHERSON,

Chartered Accountants

Toronto, Canada,
January 21, 1961.

TREASURER

BALANCE SHEET**December 31, 1960****Assets****General Account:**

Cash	\$ 54,059.75	
Accounts receivable	4,360.44	
Prepaid expenses and air travel deposit	1,886.54	
Land, 234 St. George Street, Toronto, at cost	5,100.00	
Building, 234 St. George Street, Toronto, at cost	\$ 68,111.26	
Less Accumulated depreciation	16,874.00	
		51,237.26
Furniture and fixtures, at cost	41,197.15	
Less Accumulated depreciation	24,453.39	
		16,743.76
		<u>133,387.76</u>

Dental Research Fund:

Cash	1,416.53
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War Memorial Award Fund:

Cash	462.18	
Government and government guaranteed bonds, at cost (market value \$7,528.75)	8,420.37	
Interest accrued on bonds	82.81	
		<u>8,965.36</u>

Council on Education:

Cash	8,301.51
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The Grieve Memorial Lectureship Fund:

Cash	176.05	
Government and government guaranteed bonds, at cost (market value \$4,888.75)	5,348.13	
Interest accrued on bonds	74.58	
		<u>5,598.76</u>

Library Trust Fund:

Cash	2,498.04	
Books	7,582.25	
Less Accumulated depreciation	7,438.88	
		143.37
		<u>2,641.41</u>

Reserve Fund:

Cash	46,827.39	
Government and government guaranteed bonds, at cost (market value \$110,658.25)	119,494.75	
Accrued interest on bonds	1,533.92	
		<u>167,856.06</u>

Employees' Pension Account:

Cash	3,453.81
	<u>\$331,621.20</u>

Liabilities**General Account:**

Accounts payable	\$ 2,596.90	
Sales tax payable	223.91	
Surplus:		
Balances, December 31, 1959:		
General account	\$ 65,337.34	
Housing fund	66,742.57	
	<u>132,079.91</u>	
Deficit for year 1960	1,512.96	
	<u>130,566.95</u>	133,387.76

Dental Research Fund:

Surplus, December 31, 1959	1,616.97	
Deficit for year 1960	200.44	
	<u>1,416.53</u>	

War Memorial Award Fund:

Surplus, December 31, 1959	8,855.80	
Surplus for year 1960	109.56	
	<u>8,965.36</u>	

Council on Education:

Surplus, December 31, 1959	10,697.45	
Deficit for year 1960	2,395.94	
	<u>8,301.51</u>	

The Grieve Memorial Lectureship Fund:

Surplus, December 31, 1959	5,595.63	
Surplus for year 1960	3.13	
	<u>5,598.76</u>	

Library Trust Fund:

Surplus, December 31, 1959	2,753.22	
Deficit for year 1960	111.81	
	<u>2,641.41</u>	

Reserve Fund:

Surplus, December 31, 1959	109,556.45	
Surplus for year 1960	58,299.61	
	<u>167,856.06</u>	

Employees' Pension Account:

Account payable	3,357.39	
Surplus, December 31, 1959	81.62	
Surplus for year 1960	14.80	
	<u>96.42</u>	
	<u>3,453.81</u>	
		<u>\$331,621.20</u>

TREASURER

GENERAL

Revenue

Grants from corporate members:

British Columbia	\$ 26,120.00	
Alberta	10,750.00	
Saskatchewan	7,480.00	
Manitoba	10,460.00	
Ontario	97,520.00	
Quebec	33,400.00	
New Brunswick	3,500.00	
Nova Scotia	8,040.00	
Prince Edward Island	1,240.00	
Newfoundland	1,600.00	
		\$200,110.00
National convention 1960		3,265.48
Sale of pamphlets, reports and printing		13,981.35
Sundry revenue		480.00
		\$217,836.83

Expenditure

Grants:

Council on Journalism	\$ 15,000.00	
Council on education	4,750.00	
Dental research fund	7,500.00	
Library trust fund	1,000.00	
Federation Dentaire Internationale	1,237.72	
B.C. Dental Association re research	1,000.00	
Sundry grants	250.00	
		30,737.72
Salaries		59,949.16
Officers' and employees' pension plan		5,831.28
Unemployment insurance		355.14
Hospital insurance		736.25
Committee expenses (not including committees receiving grants)		4,506.71
Officers' expenses		9,743.13
Board of Governors meeting expenses		8,757.92
American Dental Association joint meeting expenses		1,598.86
Legal and audit		950.00

TREASURER

Library expenses	162.81
Pamphlets, reports and printing	17,300.56
Translations	750.00
Office supplies and miscellaneous expenses	3,528.64
Telephone and telegraph	889.73
Postage	3,030.51
Depreciation, building	1,702.78
Depreciation, furniture and fixtures	2,869.30
Repairs and maintenance	3,584.45
Transfers to reserve fund	53,000.00
Insurance	883.44
Filmlets for television	6,109.82
Light, water and power	1,304.04
Taxes	1,067.54
	219,349.79
Deficit for year, after giving effect to the transfer of \$53,000.00 to reserve fund	1,512.96
	<u>\$217,836.83</u>

DENTAL RESEARCH FUND**Revenue**

Grant, Canadian Dental Association, from general account	\$ 7,500.00
Transfer from Canadian Dental Research Foundation	596.12
Bank interest	31.14
	\$ 8,127.26

Expenditure

Studentships	\$ 8,147.06
Reprints	23.79
Audit	25.00
General expenses	131.85
	8,327.70
Deficit for year	200.44
	<u>\$ 8,127.26</u>

TREASURER

WAR MEMORIAL AWARD FUND

Revenue

Bond interest	\$	305.00
Bank interest and exchange		4.56
	\$	309.56

Expenditure

Essay awards	\$	200.00
Surplus for year		109.56
	\$	309.56

COUNCIL ON EDUCATION

Revenue

Grants:		
Canadian Dental Association, from general		
account	\$	4,750.00
W. K. Kellogg Foundation		750.00
		5,500.00
Bank interest		191.64
	\$	5,691.64

Expenditure

Council meeting expenses		2,358.55
Expenses re survey of dental schools		5,729.03
		8,087.58
Deficit for year		2,395.94
	\$	5,691.64

THE GRIEVE MEMORIAL LECTURESHIP FUND**Revenue**

Bond interest	\$ 245.00
Bank interest	3.13
	\$ 248.13

Expenditure

Orthodontic Section of Canadian Dental Association	\$ 245.00
Surplus for year	3.13
	\$ 248.13

LIBRARY TRUST FUND**Revenue**

Grant, Canadian Dental Association, from general account	\$ 1,000.00
Donation	70.00
Bank interest	35.99
	\$ 1,105.99

Expenditure

Binding books, journals, etc.	\$ 462.61
Depreciation on books	754.43
Bank charges	.76
	1,217.80
Deficit for year	111.81
	\$ 1,105.99

RESERVE FUND**Revenue**

Transfers from general account	\$ 53,000.00
Interest on bonds	5,253.50
Bank interest	46.11
Surplus for year	\$ 58,299.61

TREASURER

EMPLOYEES' PENSION ACCOUNT

Revenue

Bank interest	\$	14.80
Surplus for year	\$	14.80

Appendix A2

ADJUSTMENTS — 1961 BUDGET

Revenue

Grants — Corporate Members		
British Columbia	n/c	
Alberta	n/c	
Saskatchewan	n/c	
Manitoba	+ 4,000.00	
Ontario	n/c	
Quebec	+ 500.00	
New Brunswick	n/c	
Nova Scotia	n/c	
Prince Edward Island	+ 400.00	
Newfoundland	+ 650.00	
National convention	n/c	
Sale of pamphlets and reports	n/c	
Sundry	n/c	
Gain	5,550.00	
	199,070.00	
Total	204,620.00	

Expenditures

Grants

Council on Journalism	n/c
Council on Education	n/c
Council on Research	n/c
Library	n/c
Federation Dentaire Internationale	n/c
Sundry	n/c
Officers and clerical salaries	+ 700.00
Officers and employees pension plan	+ 1,032.25
Unemployment insurance	n/c
Hospital insurance	n/c
Committee expenses	n/c
Officers expenses	+ 2,000.00
Board of Governors meeting	+ 4,500.00
Legal and audit	+ 150.00
Library expenses	n/c
Pamphlets, reports and printing	n/c
Housing	n/c
Translations	n/c
Office supplies	n/c
Telephone and telegraph	n/c
Postage	n/c
Depreciation	n/c
Insurance	+ 800.00
Transfer to reserve	n/c
Contingency fund	n/c
Gain	8,150.00
	178,675.00
Total	186,825.00
Estimated surplus	16,762.75

1962 BUDGET

Revenue				
	1960 Budget	1960 Actual	1961 Budget	1962 Budget
Grants — Corporate Members				
British Columbia	\$ 16,000.00	\$ 26,120.00	\$ 26,000.00	\$ 26,000.00
Alberta	10,750.00	10,750.00	11,000.00	11,000.00
Saskatchewan	5,000.00	7,480.00	7,500.00	7,500.00
Manitoba	6,000.00	10,460.00	6,500.00	10,500.00
Ontario	60,000.00	97,520.00	97,520.00	97,500.00
Quebec	32,500.00	33,400.00	33,000.00	33,500.00
New Brunswick	2,500.00	3,500.00	3,500.00	3,500.00
Nova Scotia	5,000.00	8,040.00	7,900.00	8,100.00
Prince Edward Island	850.00	1,240.00	850.00	1,250.00
Newfoundland	900.00	1,600.00	950.00	1,600.00
Convention	100.00	3,265.48	100.00	1,000.00
Pamphlets and reports	4,000.00	13,981.35	4,000.00	8,000.00
Sundry	250.00	480.00	250.00	500.00
Totals	\$143,850.00	\$217,836.83	\$199,070.00	\$209,950.00

Expenditures				
	1960 Budget	1960 Actual	1961 Budget	1962 Budget
Grants				
Council on Journalism	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00	\$ 22,000.00
Council on Education	4,750.00	4,750.00	4,750.00	9,100.00
Council on Research	7,500.00	7,500.00	9,000.00	9,000.00
Library	1,000.00	1,000.00	1,000.00	1,000.00
Federation Dent. Inter.	1,250.00	1,237.72	1,250.00	1,350.00
Sundry	150.00	250.00	200.00	350.00
Officers and clerical salaries	52,000.00	59,949.16	65,700.00	67,500.00
Officers and employees pension fund	5,400.00	5,831.28	7,832.25	7,500.00
Unemployment insurance	200.00	355.14	400.00	400.00
Hospital insurance	550.00	736.25	825.00	900.00
Committee expenses	6,750.00	4,506.71	7,500.00	9,075.00
Officers expenses	6,000.00	9,743.13	7,500.00	9,000.00
Board of Governors meeting	8,600.00	8,757.92	10,000.00	17,000.00
Legal and audit	750.00	950.00	800.00	1,000.00
Library expenses	200.00	162.81	250.00	250.00
Pamphlets and reports	11,000.00	17,300.56	12,500.00	15,000.00
Housing	5,400.00			
Bureau of Public Information				7,000.00
Translations	900.00	750.00	900.00	1,000.00
Office supplies	3,500.00	3,528.64	4,000.00	4,000.00
Telephone and telegraph	800.00	889.73	1,000.00	1,000.00
Postage	3,500.00	3,030.51	4,000.00	3,000.00
Depreciation	3,000.00	4,572.08	5,500.00	5,000.00
Insurance	100.00	883.44	100.00	900.00
Repairs and maintenance		3,584.45	2,200.00	2,250.00
Light, water and power		1,304.04	1,300.00	1,950.00

TREASURER

Taxes		1,067.54	1,200.00	1,200.00
Transfer to reserve	10,000.00	53,000.00	10,000.00	10,000.00
Contingencies	5,000.00	8,708.68	5,000.00	5,000.00
Totals	\$153,200.00	\$219,349.79	\$179,707.25	\$212,725.00
Surplus			19,362.75	
Deficit	9,350.00	1,512.96		2,775.00

1962 BUDGET ASKINGS

Councils

	1960 Actual	1961 Budget	1962 Asking	1962 Granted
Executive	\$ 3,602.11	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00
Constitution and By-laws	25.00	25.00	nil	25.00
Education	4,750.00	4,750.00	6,500.00	6,500.00
Recruitment			4,100.00	2,600.00
Ethics	25.00	25.00	nil	25.00
Legislation	25.00	25.00	2.00	25.00
Journalism	15,000.00	15,000.00	22,000.00	22,000.00
Public Health	5.00	2,500.00	5,600.00	4,500.00
Research		9,000.00	10,000.00	9,000.00

Committees

Auxiliary Services	nil	25.00	nil	25.00
Convention	250.00	100.00		250.00
Dental Services	750.87	1,000.00	1,000.00	1,000.00
Headquarters Property	6,655.03	5,400.00	6,000.00	
Hospital Services	107.00	100.00	50.00	100.00
Nomenclature	25.00	25.00	25.00	25.00
Nominations	50.00	50.00	50.00	50.00
Specialists and Specialization	25.00	25.00	500.00	500.00
War Memorial Awards	44.58	75.00	36.00	50.00
Finance	25.00	25.00		

Bureaux

Public Information	23.00	1,000.00	7,000.00	7,000.00
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Appendix A4

Fund	Bond	Interest %	Due Date	Par	Paid
Reserve	Government of Canada	5½	Oct. 1/62	\$ 15,000.00	\$ 14,955.00
		5½	April 1/69	15,000.00	14,737.50
		3¼	June 1/76	1,000.00	990.00
		3¼	June 1/76	2,000.00	1,997.50
		3¼	Oct. 1/79	1,000.00	972.50
		3¼	Oct. 1/79	10,000.00	9,750.00
		3¼	Oct. 1/79	5,000.00	4,550.00
	Province of Ontario	3¾	Jan. 15/78	10,000.00	9,650.00
		4	Dec. 15/61	3,000.00	3,000.00
		4	Jan. 1/66-68	1,000.00	997.50
		3	Sept. 1/65	4,000.00	4,000.00
		4¼	May 15/71-74	3,000.00	3,000.00
		5	July 15/75	15,000.00	14,850.00
		4¼	May 15/71-74	2,000.00	2,012.50

TREASURER

Fund	Bond	Interest %	Due Date	Par	Paid
	Province of Quebec	3	Oct. 1/63	500.00	500.00
		4	April 15/66	1,000.00	995.00
	Province of British Columbia	3	June 15/64	500.00	491.25
	Province of P.E.I.	4¼	Dec. 1/67	1,000.00	993.75
	Province of N.B.	3¾	April 15/70	1,000.00	987.50
	Province of Nova Scotia	5	Dec. 15/73	5,000.00	4,962.50
	Alberta Government Telephone Debentures	4¼	July 2/78	2,000.00	1,960.00
	Hydro-Electric Power Commission of Ontario (Guaranteed by Prov.)	4¼	July 15/69	2,000.00	1,985.00
		3	April 1/68-70	500.00	498.75
		4¾	Aug. 15/75	2,000.00	1,940.00
		5	Nov. 15/76	5,000.00	4,975.00
		5	Oct. 15/78	5,000.00	4,925.00
	Quebec Hydro-Electric Commission (Guaranteed by Prov.)	5	Nov. 15/82	1,000.00	983.50
	Can. Nat. Railways (Guaranteed by Gov. of Canada)	3¾	Feb. 1/72-74	3,000.00	2,985.00
		4	Feb. 1/81	5,000.00	4,850.00
As of December 31, 1960				\$121,500.00	\$119,494.75
Grieve Memorial Lectureship	Government of Canada (Conversion Loan)	4½	Sept. 1/83	\$ 3,500.00	\$ 3,408.13
		4½	Sept. 1/83	1,000.00	935.00
	Hydro-Electric Power Commission of Ontario (Guaranteed by Prov.)	4½	Nov. 1/64-67	1,000.00	1,005.00
As of December 31, 1960				\$ 5,500.00	\$ 5,348.13
War Memorial Scholarship	Government of Canada (Conversion Loan)	4½	Sept. 1/83	\$ 2,500.00	\$ 2,621.87
	Province of Ontario	3	April 15/65	1,000.00	997.50
		4¼	May 15/71-74	1,000.00	1,006.25
	Province of Quebec	3	Oct. 1/63	1,000.00	925.00
	Province of Manitoba	3	Feb. 15/67	1,000.00	993.75
	Province of Nova Scotia	3	Dec. 15/67	1,000.00	890.00
	Hydro-Electric Power Commission of Ontario (Guaranteed by Prov.)	3	Jan. 15/68	1,000.00	986.00
As of December 31, 1960				\$ 8,500.00	\$ 8,420.37

Submission by Thorne Group Ltd.

PROPOSED SURVEY OF ACCOUNTING AND STATISTICAL RECORDS AND RELATED CLERICAL ROUTINES

January, 1961

Objectives

The general objectives of the proposed survey were developed during discussion with Dr. Gullett and are as follows:

1. To provide timely operating statements presenting clearly the effect of the Association's transactions with a minimum of effort;
2. To allow tighter control over all operations through periodic comparisons of budgeted and actual results;
3. To reduce the necessity for the Secretary having to perform routine accounting and clerical duties.

Scope

Preliminary

Discussions with the Secretary and preparing proposal 1/2 man day

Fact finding

Review existing accounting and statistical records and related clerical routines;

Review existing departmental structure, to see if structure accurately reflects areas of responsibility;

Discussions with the Secretary and other informed and interested persons.

2 man days

Reporting

Preparation of draft report setting out:

— revised departmental structure,

— revised form of operating statements,

— recommendations for changes in accounting or statistical records of related routines

1½ man days

Discussion and completion

Discussions with Secretary and other interested persons;

Amendment of draft report as required as a result of above discussions:

1 man day

Implementation

Preparation of new accounting and statistical forms and procedures and instruction of staff in their use.

2 man days

TREASURER

<i>Time required —</i>	7 man days
<i>Estimated Cost of Proposed Survey</i>	
7 man days at \$75.00 per day	525.00
Typing and sundry expense	50.00
	<u>\$ 575.00</u>

Appendix A6

1. You will observe that the auditors have eliminated the receipts and disbursements statements for the various funds of the Association. I am confident that this will cause much less confusion in the minds of a great majority of the membership who take time to study them.

The comment of the Auditors is as follows: "The reason for showing statements of receipts and disbursements for the General Account and each fund in addition to statements of revenue and expenditure seems no longer important. The latter statements, which properly allocate revenue and expenditure to the period affected, are sufficient to reflect your annual financial transactions".

2. On the Balance Sheet you will note that the Housing Fund has been eliminated as such and becomes an integral part of the General Account.

3. Comparisons and Expenditures, 1959-1960	
Cash on hand and in bank, Dec. 31, 1959	\$ 55,131.88
Cash on hand and in bank, Dec. 31, 1960	54,059.76
 Total Revenue in 1959	181,893.52
Total Revenue in 1960	217,836.83
 Total Expenditure in 1959	153,896.72
Total Expenditure in 1960	219,349.79

(1960) Leaving a deficit of \$1,512.96 for the year after giving effect to the transfer of \$53,000 to reserve fund made up by (a) \$3,000 depreciation; (b) \$10,000 reserve item in budget and (c) \$40,000 from the general account.

4. Grants	
From provinces 1959	166,194.50
From provinces 1960	200,100.00
 5. Bond Interest	
1959	3,919.86
1960	5,253.50

TREASURER

6.	Reserve Fund	
	Total amount placed in fund 1959	18,490.42
	Total amount placed in fund 1960	58,299.61
	Grand total in Reserve Fund Dec. 31, 1960	167,856.06
7.	Grants to Councils	
	1959	31,394.46
	1960	30,737.72
8.	Staff Salaries	
	1959	47,920.18
	1960	59,949.16
9.	Committee Expenses	
	1959	2,257.19
	1960	4,506.71
10.	Board of Governors Meeting Expenses	
	1959	9,478.06
	1960	8,752.92

Appendix A7

The following is a tentative financial statement respecting the Secretaries' Conference of January 9-10, 1961.

	Contribution by Corporate Member	Expense Acct. for Secretary
College of Dental Surgeons of British Columbia	\$ 150.00	\$ 328.65
Alberta Dental Association	—	280.80
College of Dental Surgeons of Saskatchewan	100.00	170.00
Manitoba Dental Association	100.00	133.00
Royal College of Dental Surgeons of Ontario	400.00	none
College of Dental Surgeons of the Prov. of Quebec	250.00	94.00
New Brunswick Dental Society	100.00	146.45
Prov. Dental Board of Nova Scotia	100.00	185.50
Dental Association of Prince Edward Island	100.00	169.55
Newfoundland Dental Society	—	292.70
	<u>\$ 1,300.00</u>	<u>\$ 1,800.65</u>

TREASURER

Miscellaneous Expenses:

M. A. Rogers (Specialists and Specialization Com.)	45.00
Chez Paree (Luncheons)	39.55
Granite Club (Dinner)	67.31
Total Expenses	\$1,952.51
Less Receipts	1,300.00
Deficit	\$ 652.51

Statement

As of May 19, 1961

COMMENT AND ACTION

- 1-4. Noted.
- 5. Noted with satisfaction.
- 6. Noted.
- 7. Approved.
- 8. Noted.
- 9-10. We approve.
- 11. We agree.
- 12. Noted with interest and we commend the Treasurer for his stewardship and the presentation of this favourable financial statement.

We recommend the adoption of the report.

APPROVED

MEMBERS: *Louis Lepine, Chairman, Montreal, P.Q.; A. M. Hord, Toronto, Ont.; Morton Lang, Montreal; L. A. Gill, Montreal; Gilles Baril, Montreal.*

REPORT

1. The 1960-61 annual competition entitled "An Appraisal of the Antibiotic Therapy in Dentistry" offered interesting presentations that were in general very ably treated.

2. There were only four entries this time. Alberta, Dalhousie and Toronto faculties did not compete.

3. The winners selected by the committee from the report of the judges were:

1st Prize:	Mr. Ronald Fletcher	McGill University
2nd Prize:	Mr. George Saleh	McGill University

An honorable mention should be made of Mr. Armel Roberge of the University of Montreal who was just a fraction behind the second place. The well-deserving winners and their faculty are usually notified by the executive in time for the graduation ceremonies.

4. The judges were once again and for the fifth consecutive year, Drs. Mervyn A. Rogers, P. T. Gitnick and G. de Montigny. All three are members of the teaching staff of either McGill or Montreal dental faculties. As usual they all generously accepted this delicate task for which this committee wishes to express its deep appreciation.

5. The reservoir of four titles appears in Appendix A.

6. The title selected by the executive for the 1961-62 competition is "The Early Diagnosis of Oral Cancerous Lesions" which translated reads "Diagnostic précoce des Lésions Cancéreuses de la Bouche". This selection was sent by the Deputy Secretary to the dental faculties prior to last March.

7. One dental faculty has expressed the wish to have the date of the announcement of our competition advanced from March to September. The reason given is that when the third year student is notified in March of the subject of the War Memorial competition he has already started to prepare his fourth year essay.

This suggestion having been sent just prior to this report, the committee feels that it is preferable to delay a decision to a later date after consultation with the other faculties.

8. This committee has also studied a request made by Dr. de Montigny during last year's annual meeting concerning the increase in the limit of words for the French essays which is at present fixed at 5,000 words. This committee feels that the present ratio of 4,000 for the English essays and 5,000 for the French ones is suitable and fair for every one concerned.

WAR MEMORIAL AWARD

9. The committee has no modification to make to its usual budget.

Appendix A

- (a) Title "A Comparative study of the modern concepts of Endodontic treatment."
Reason The average graduate being usually more familiar with a given technique of endodontic therapy, it is very important that he also familiarize himself with the various concepts of treatment that are available today.
- (b) Title "The Early Diagnosis of Oral Cancerous Lesions."
Reason Fear of oral cancer is beginning to evoke a greater public interest. It is therefore the duty of the dentist to be able to cope with the problem and be in secure position to advise his patients.
- (c) Title "A review of the role of dentistry and its problems under various health and hospitalization plans."
Reason Because the dental profession shall be facing this possibility in the near future, it is felt that the dental student should acquaint himself with this situation at an early date.
- (d) Title "A study of the mechanism of calculus formation and its effects on oral health."
Reason With the improved measures in preventive dentition, the problem of calculus is becoming of paramount importance in oral health.

COMMENT AND ACTION

- 1-2. Noted.
3. Congratulations to the winners.
4. Information. We endorse the committee's extension of appreciation to the judges.
5. We approve Appendix A.
6. Information.
7. Information.
8. Agreed.
9. Observed with pleasure.
- We recommend the adoption of the report.

APPROVED

ANNUAL MEETING CANADIAN DENTAL ASSOCIATION

The Annual Meeting of the Canadian Dental Association was held in the Banquet Room of the Bessborough Hotel, Saskatoon, Saskatchewan, commencing at 12.30 p.m., on Monday, June 5th, 1961. The retiring President, Dr. J. P. Whyte, of Swift Current, Saskatchewan, presided.

The Luncheon opened with the Invocation by The Rev. A. Edworth, Knox United Church, Saskatoon, followed by a Toast to Her Majesty, the Queen.

PRESIDENT WHYTE: Ladies and Gentlemen, we have started late and this program is timed so we have to commence. It is a privilege that we have today to have two esteemed and distinguished members of our profession from countries outside of Canada, bringing greetings from their national associations. Collectively, on your behalf, we wish to thank them for being here and hope that they have a good time.

First of all, I would like to introduce Dr. C. L. Endicott of London, England. Dr. Endicott, by a strange turn of the wheel, was born in Saskatchewan and now he brings greetings from the British Dental Association to a convention being held in Saskatchewan. He was born in Saskatchewan, graduated from the University of Toronto in 1926 and now is visiting his native land on the occasion of this convention. Dr. C. L. Endicott, an esteemed member of the profession from London, England — Dr. Endicott. (Applause)

GREETINGS FROM BRITISH DENTAL ASSOCIATION

DR. C. L. ENDICOTT: Mr. President, Members of the Canadian Dental Association and Guests: As a Canadian who wandered far from his native prairies, many years ago, an Associate Member of your Association and a full member of the British Dental Association, I find myself in a situation both perplexing and unique. Having taken little part in British Dental Association affairs during the last four years, for personal health reasons, and in no way associated with national health, an invitation to represent the British Dental Association at your meeting came as a pleasant surprise.

On reflection, the British Dental Association appears to have been narrowly restricted in their choice of representative from among those attending your meeting. Honoured as I am to perform this important duty, I am fully conscious of their limited choice, as well as of my inability to do this duty full justice.

Mr. President, it is a privilege and a very real pleasure for me to extend to you and your Association most cordial greetings from the President and Members of the Council of the British Dental Association. It is earnestly hoped and confidently anticipated that your meeting will enjoy outstanding success.

ANNUAL ASSOCIATION MEETING

It is twenty-seven years since I inhaled the air of these vast and wonderful open spaces which I first deserted nearly forty years ago on enrolling in Toronto. It has been a thrilling experience to return to the province and country where I was born. It has made me wonder why I ever left. Wide and rapid development is evident in every direction.

This is also my first visit to your delightful city with its fine university and warm hospitality. Another thrill for me was our class reunion held during the recent meeting of the Ontario Dental Association in Toronto. Many of my classmates who attended I had not seen for thirty-five years. That and your meeting here have enabled me to meet many old friends and to make new friends. I have been fortunate indeed. Attendance at these meetings has enabled me to gain additional information regarding the problems facing your Association and its members. They seem formidable but in my humble view not impossible to solve providing the profession unites solidly behind and provides full support for your elected and appointed leaders. Equally important seems the need to be prepared and to be ready for all problems; to face all possible problems squarely. Informal discussions have convinced me you have succeeded in achieving an astonishingly high degree of preparedness. Congratulations!

Nevertheless, I appreciate a great deal remains to be done. No one is more aware of this than is your highly competent Secretary, Dr. Gullett. He enjoys the same respect and admiration from leading members of the profession in Great Britain that he deservedly enjoys here in Canada.

Perhaps I should explain briefly my own position before making a few purely personal observations on the governmental dental health service in Great Britain. Like a number of my friends I do not participate in the scheme in any way. My orthodontic practice is and always has been strictly private. I have no axe to grind. My sole object is to be helpful, if possible, and eliminate a few of the misunderstandings. Strictly private practitioners outside the scheme represent a small but slowly growing part of the profession. Participation in the scheme is not compulsory. At its inception the vast majority of the profession unexpectedly entered the scheme which was then highly attractive. This was contrary to the official stand taken by the Association as a result of a vote submitted by each section or district. Panic was by no means absent. The scheme has since been modified several times.

On the whole the majority of dental surgeons have I believe done sound work under the scheme. Of course a small minority of black sheep have been exposed. Naturally, they receive the publicity. Unfortunately, they stimulate the need for modifications, including increased controls. Dissatisfaction has therefore increased. I do not know if it is widespread but in some quarters it is strong.

A sharp increase at the outset in the demand for treatment placed a heavy burden on an undermanned profession. It is no longer necessary for a patient to neglect his teeth because of the cost and that is a factor which

merits great emphasis. Controls also became essential in order to check abuses by many patients. Long waiting lists for appointments have become commonplace.

My personal belief, however, is that the dental profession in general is more prosperous than ever before. This is no doubt due in part to the remarkable industrial recovery with over-full employment. Associated with this is an increased demand for private treatment outside the scheme by those who can afford it and are not prepared to wait. I understand many of the practitioners now set aside one or more days for the treatment of private patients and the proportion of practitioners doing this is increasing steadily. There are many others who prefer to work entirely within the scheme.

A few auxiliaries are being trained in courses given by members of the profession and there is naturally much opposition to this trend. It is the result of the shortage of dental personnel.

I offer no opinion on this, personally, but I am not opposed to seeing it given a fair trial. It seems much will depend on the guidance exercised by our colleagues chosen for this responsibility. These auxiliaries can at least be under the control of our colleagues and they will have received special training.

The dental schools are all filled to capacity. I have been told that over ninety per cent of our dental students are partially or fully subsidized. Several schools are being or are about to be rebuilt and one new school is nearing completion.

Public appreciation of the importance of dental health has increased with great rapidity.

Now, I question if all these developments would have taken place anything like so rapidly without the introduction of the national health service. Of course criticism of this or any health service which could be conceived could be made readily. The cost is tremendous. Perhaps the most unfortunate criticism is that the more conscientious operator does not receive the greatest monetary reward. This is overshadowed, I think, by the fact that a service of this nature is usually offered to the public in exchange for party votes.

The importance of preparedness can scarcely be over-emphasized and an alert profession can deal with any problem with a high degree of rewarding success.

In conclusion I wish to express my thanks and appreciation for your courteous attention and for the many kindnesses I have received here in Saskatoon. Thank you. (Applause)

PRESIDENT WHYTE: I am sure we thank Dr. Endicott for his brief review of the situation in England. Will you please take back our best wishes to the British Dental Association and as to you, personally, may you enjoy a very happy time in Saskatoon.

ANNUAL ASSOCIATION MEETING

We have here Fritz Pierson, a member of the Board of Trustees of the American Dental Association. Dr. Pierson comes here as a personal representative of Charlie Patton, President of the American Dental Association. He has had some difficulty getting here, I think, having to change planes about five or six times. But he finally arrived here.

I give you Fritz Pierson, of Lincoln, Nebraska. (Applause)

GREETINGS FROM AMERICAN DENTAL ASSOCIATION

DR. F. A. PIERSON: President Whyte, Honoured Guests, Ladies and Gentlemen: I first wish to convey the regret of President Patton that he could not be here in person. You may or may not know we have recently exchanged dental missions with the Russians. They have had five dentists from Russia in the United States for a period of about five weeks and three or four days ago six of our own went to Russia.

President Whyte mentioned the difficulty of getting here. When I saw Charlie the last time I told him that after checking the transportation I thought I might rather go to Russia. However, that is actually not true. I am very happy to be here. I was going to say we are a little skeptical at times about the good that might come out of the dealings with Russia. I don't know how you feel about it. Some of us do but one good thing has come to me. If it had not been for the fact they were going to Russia I would not have been here. I am very happy to be here with you because of an experience I had as long as forty-three years ago. At that time my own Infantry Regiment was brigaded with Canadians who taught us all the fine points of combat and I wish to tell you they were very capable of doing just that. From that experience I had from those two months I gained the very highest admiration for the Canadians, their courage and integrity, and this is the first opportunity I have had to express my admiration for these fine qualities which you people have.

I have written my remarks so I won't ramble on. These things are usually short so I shall confine myself to a short period of time.

It is a pleasure to be here. I bring with me cordial greetings from every member of the American Dental Association and their best wishes for the success of your meeting.

As you may be aware, the newspapers and magazines in the United States have lately been featuring prominent stories about the present relationship between your nation and mine. Some of the stories call attention to what they feel is a lessening of the close friendship that once bound us.

To the extent that this is true, each one of us must be concerned and anxious to do what we can to "mend fences". But without being boastful, I think that we North American dentists have set an example in this regard that other professional and business groups could afford to emulate.

In my experience the relationship between the Canadian Dental Association and the American Dental Association has been marked by mutual respect and understanding.

It is, of course, fitting that this should be so. A profession properly knows no boundaries. A dentist serves those who are in need and there is no place in the practice of dentistry for narrow vision or petty motives.

It was approximately one year ago that the executive boards of our two groups met in joint session in Toronto. It was the first joint meeting in the history of the two Associations. Having been privileged to attend that meeting, it has ever since symbolized for me the substantial benefits to be gained from cooperation. At that Toronto meeting one of the common challenges we discussed was that of the training of dental auxiliaries. In the time since, this aspect of dentistry has assumed ever greater importance.

I should like, consequently, to take a few minutes of your valuable time to report on what we have been doing in the United States to meet the challenge.

First of all, let me say that it is quite apparent to us in the United States that we are not isolated socially, economically or politically from our neighbours, be they near or far. What happens in any one country ultimately has an overflow effect in others.

There have been for some time pressures in the United States to license the so-called "denturists", in effect to legalize their bootleg operations. The Association and its state and local societies have fought these pressures with every legal means as a serious threat to the public health.

With these complex problems in mind, both abroad and at home, the Association's House of Delegates at its 1960 annual session adopted a report stating that the dental profession and dental schools in this country must be prepared for the increased need of additional dental personnel in the future.

As one means of meeting this need, the House requested schools to consider programs under which an increased number of dentists and dental auxiliaries could be trained. Additionally, the House adopted the following resolution which I should like to read to you in full:

"RESOLVED that the Council on Dental Education be requested to urge accredited dental schools, including the training activities of the federal dental services, to undertake carefully designed programs of experimentation and research in the training of dental hygienists and dental assistants so that the profession may determine more precisely their individual roles as members of the dental health team and thus enlarge the dental profession's capacity for service to the people of this country".

As a result of this directive the Council plans to hold a conference later this month in cooperation with the University of Michigan and the American Association of Dental Schools. Invited to participate will be representatives

ANNUAL ASSOCIATION MEETING

from the constituent dental societies, the state examining boards, the American Association of Dental Examiners and the national organizations of the dental auxiliary personnel. The objectives of this important conference are:

1. To analyze the present functions of dental hygienists and dental to the dental profession.
2. To review the dental practice acts and their influence on the function of dental hygienists and dental assistants.
3. To develop a statement of principles describing the professional duties and responsibilities of the dentists, including the consideration of a list of functions which are entirely professional in nature and could not be delegated to non-professional personnel.
4. To suggest a list of duties for dental hygienists and dental assistants which might be the subject of experimentation in the dental schools and federal training agencies.
5. To identify general guide-lines for experimentation.
6. To outline the variety and amount of financial support needed by those dental schools wishing to conduct experimental studies on the utilization of auxiliary personnel.

The Council anticipates that the conference will make it possible to submit a detailed report to the 1961 House of Delegates with additional recommendations for activities in this most important area.

While working toward a solution in our own country we have, of course, been paying close and sympathetic attention to your parallel efforts here in Canada.

Let me close by noting that the future of dentistry in North America depends heavily upon the decisions our nations make in this area. So long as our two groups continue working side by side, so long as we continue to understand that the good of the patient is our permanent concern, then I feel we have every reason for prudent optimism.

Once again, may I convey the good wishes of my colleagues in the United States. I am deeply grateful for the hospitality that has been extended to me and hope in the coming years I will have the opportunity to see many of you again both in your nation and in mine. (Applause)

PRESIDENT WHYTE: Thank you very much, Fritz. It is tough to be here but it would be tougher to be with Charlie Patton in Russia. They might put you up in orbit there. The worst we will do is put you in the hoedown tonight.

Those of us who have had the privilege of going to Los Angeles know that we have had a very high standard set by our American friends, and I

just want to comment here on the splendid cooperation and mutual trust that exists between our Secretary, Don Gullett, and Harold Hillenbrand of the American Dental Association.

PRESIDENT'S ADDRESS

For a number of years it has been obligatory that the President prepare an address for the C.D.A. Luncheon. The President has spoken during the visitation itinerary at every major point in the various provinces. He has also written the Executive Report of some twenty pages, as well as the President's Report of about the same volume for the Board of Governors' Meeting. It would seem logical that these efforts were sufficient. I am sure you will be glad to know that time is the governing factor for this address and time is running out.

Personally, the year has been a most pleasant one, but not without its problems. Having the opportunity of crossing Canada from ocean to ocean and seeing organized dentistry from many levels has been enlightening and profitable. The warm hospitality of the individual members and the opportunity of renewing friendships formed during service days overseas was a delightful experience. The most gratifying observation was the keen interest that the younger men are taking in their profession, seeking to keep abreast of the times, and working earnestly for the future improvements and scientific advancement.

This being the national organization's official annual luncheon, it is my pleasure on behalf of the Canadian Dental Association to sincerely welcome each of you, and on your behalf to thank Dr. Alex Fernet, General Chairman, and Mildred Smith, the Ladies' Committee Chairman, and their hard working and efficient committees, for the splendid arrangements for our business sessions, scientific programs and social enjoyment.

At this meeting the announcement of the results of the Canadian Dental Association War Memorial Award is made public. The prizes are made possible by a fund donated by Canadian dentists to honour their colleagues who made the supreme sacrifice in two world wars. First and second prizes are given to the two best essays written by senior dental students from Canadian Universities.

This time for the second consecutive year both prizes were won by members of the graduating class of McGill University. First prize was won by Ronald Fletcher and the second by George Saleh. The title of the essays was "An Appraisal of the Antibiotic Therapy in Dentistry".

Many educationists, philosophers and thinkers are concerned with the accelerated, changing patterns of life today. Sir Richard Livingstone, creative thinker, said, "This is the most difficult age in history". We all realize, despite our too-busy lives, that immense changes have been wrought during the past generation, rapid scientific and technical advances, a changing

ANNUAL ASSOCIATION MEETING

national and international world community, with resulting effects on our way of life. Men and women of science, some famous, some unknown, have achieved these miracles. Speed of communication and transportation has caused the world to grow smaller. In manufacturing, accounting and rail-roading, to mention a few, electronics, widely applied, has brought in the "age of automation". Shorter working hours, less manpower required, and more leisure time are also accompanied by the problem of adjusting the resultant displaced worker. Progress in agriculture has made it possible to grow more food and raise more livestock, again with lessened manpower on our farms.

Moves from rural districts to towns and cities, moves from one urban centre to another, more years of school and continued study later on, more jobs for white collar workers, ease of travel and the mass impact of news media, radio, films and T.V., are some of the factors changing family and community life.

These and other advances are having a striking effect on our social structure, creating new concepts of living and an insistant demand for more security. Are many of these accelerated changes leaving us poorer with the decline of that solid foundation of life, individual responsibility?

To come closer to our own profession and the part we may be called upon to play in health services, certain factors must be considered. The demand for more security is clearly evidenced in the broader horizon and area envisaged by our governments in very recent developments.

The Federal Government has announced the establishment of a Royal Commission on Health, obligated to an intensive investigation of the entire field. At the very recent rally, the Liberal Party, the official Opposition and an integral segment of democratic government, voted in favour of a vast, comprehensive national health insurance program, including dentistry. A prominent member of the New Party offered a "cradle to grave" welfare state at a recent public meeting in Victoria. These positive actions merely indicate the prevailing trend for more and more security.

Fourteen years ago only one province had a compulsory hospital insurance plan in operation. Today all Canada has a National Hospital Insurance Plan. It is quite possible that perhaps sooner than we think some form of national health insurance plan, including dentistry, may come into being.

The individual obligation of the dentist is clear. He is to provide ethical, efficient and scientific dental treatment to his fellow men. To accomplish this he must also safeguard certain basic principles of practice. His desire to render sincere and honest service must still be maintained. The leadership required must come from within our own profession. To be fore-armed, study and the development of definite plans should begin now; if we adopt a policy of watchful waiting others less competent will establish a course of action which might prove difficult to accept.

Harold Hillenbrand, Secretary of the American Dental Association, in a recent address said in effect that he did not fear the question of negotiation and mutual study with any group, government or union, on prepaid dental plans, but rather the attitude of some members of our profession who brushed off any proposed change in the status quo with the "wolf cry" of "socialism".

Our profession cannot, like the ostrich, bury its head in the sand and refuse to look and think.

Dental disease is no respecter of persons. The rich and poor alike are affected. Dental caries is a universal malady to such an extent that it is now recognized as a major public health problem.

If the incidence of dental caries is to be reduced the place to start is at the bottom, and that is with the children. If prepaid dental health programs are instituted by provincial or federal governments, the benefits should be confined initially to children, regardless of income. Therefore, the primary objective of any dental care program introduced in this country must be to preserve the level of dental health accorded the child at birth.

It is not the intent of this address to discuss the details of operation and administration of any such plan. Two important policy requirements, nevertheless, must be considered if the wholehearted cooperation of the dentist is to be obtained. Firstly, the plan should be administered by a Dental Services Board; secondly, the fee schedule should be established by the dental profession and remuneration be on a fee for service basis.

It is true that at the moment the shortage of dentists precludes any governmental program, nevertheless, plans for the future should be thought out *now*, and not when the occasion demands.

The ratio of dentists to population worsened slightly from last year, 1:3018, and now, 1:3037, for all Canada. The picture of manpower in some provinces is gloomy indeed: New Brunswick with its ratio of 1:5175 and Saskatchewan with a ratio of 1:5200. The bright spots are Ontario with 1:2423 and British Columbia with 1:2426.

The large urban centres in practically all provinces have reasonable dental service coverage, the greatest need being evident in the smaller towns serving rural areas.

Dental training and the establishment of dental schools is at present not a federal responsibility. If a crisis in dental population is developing then it must be solved on a national basis. Cooperation of the Federal Government in the matter of construction, maintenance and administration costs must be obtained. A parallel criterion can be examined in the United States. President Kennedy advocated federal aid for the construction and maintenance of new dental schools as well as financial aid to dental students.

ANNUAL ASSOCIATION MEETING

To be consistent a committee must be set up by the Association to investigate, prepare statistics, to formulate a plan for federal cooperation for the establishment of more dental schools.

The action of the British Columbia Dental Association at their Annual Convention at Kelowna, in May, was significant. A motion from the floor was passed to set up a voluntary fund to aid in the establishment of a dental faculty at the University of British Columbia. This desire on the part of the profession for increased dental service for the public cannot be judged other than being altruistic and unselfish.

During the years the dental profession has given wholehearted support to the principle that one of the best methods of preventing dental caries is to fluoridate the communal water supplies. The Canadian Dental Association at its annual meeting has reiterated its supporting stand, year after year.

In March of this year the report of the Ontario fluoridation committee, under the chairmanship of Mr. K. G. Morden, a Justice of the Supreme Court of Ontario, submitted their report after two years of study. The report was positive declaring fluoridation safe, effective, legal and economic. The Ontario Government reacted quickly, enacting legislation empowering municipalities to introduce fluoridation of water supplies by by-law without the necessity of a referendum.

This action of the government of the largest province in population will doubtless assist in the long range program for prevention by its precept and example. This action is a definite victory for the profession, demonstrating that continued and active efforts, when you believe your cause is just, eventually bring its reward.

For years efforts have been made by dental mechanics in some provinces to have legislation passed enabling them to perform all the phases of prosthetic dentistry directly for the public. This contention has been opposed by the dental profession, basing their arguments upon the lack of education, training and professional ethics necessary to perform operations in the oral cavity.

The Province of Alberta, despite the strenuous opposition of the profession, passed legislation permitting dental mechanics to deal directly with the public in all phases of full denture technique. A certificate of oral health is required, signed by a dentist or physician. The name of the Association was changed from the proposed "denturist" to "Dental Mechanic". The Society will come under the jurisdiction of the Department of Labour, instead of the Department of Health.

The Premier of Alberta based his support of the bill on the premise that the bill was a symbol of the evolution taking place now. There was a gap between the highly trained professional and the rank and file. In his opinion there was a need for an intermediary group, so that the time and experience

of professional people would not be used unnecessarily. At the moment this is the only Act of this kind operating in Canada.

In British Columbia a court has invalidated the regulations issued in 1960, granting licences to a certain group of dental mechanics to deal directly with the public. The court based its action on the finding that the regulations were unduly restrictive and discriminated against the whole group of dental mechanics. No comment was made regarding the fact that to qualify under the old act, a dental mechanic must have been breaking the law for seven years.

So is the changing pattern in political thinking. We are living in the age of the common man; pressures from the bottom are becoming more and more evident. So it behooves our profession to become realistic and practical in all its approaches to the problems confronting us.

We must find our strength in applying our own principles of research, dental education, better office practice and plan for the future. In true principles, never abandoned, lies strength. (Applause)

HONORARY MEMBERSHIP

PRESIDENT WHYTE: One of the pleasant moments of this Annual Meeting — pleasant now that I have got the address off my mind — is the occasion when a member of our profession is honoured for services rendered. This year we recognize a general practitioner serving a rural area, quietly, conscientiously, and with sincerity, for forty-one years. As President of the Canadian Dental Association I have the privilege of conferring Honorary Membership in our Association on Dr. Arthur Allan Blair Kenney of Maple Creek, Saskatchewan.

Dr. Kenney was born in Acton, Ontario, in 1894. After receiving his public and high school education there, he attended the Royal College of Dental Surgeons at Toronto, graduating in 1915.

He practised for a short period at Fort William. Leaving there he joined the Canadian Dental Corps, was seconded to the British Army and served for a year in Siberia with the rank of Captain. After his retirement from military service, he commenced practice in Maple Creek.

He has been active in all community enterprises, his church and fraternal organizations. Not only practising on a high ethical plane and giving a fine quality of dental service, he also exemplifies the best qualities of good citizenship.

The Dean of a Canadian dental school made the following comment: "It has been my privilege to see Dr. Kenney at practically every C.D.A. convention from Halifax to Vancouver, always interested in the advancement of dentistry, spending the greater portion of his time attending the clinical meetings". His interest in dentistry is such that he has attended sixteen C.D.A. conventions.

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In honouring Dr. Kenney we also honour all those men, practising in relatively isolated rural communities, who cannot participate to the same degree in provincial and national affairs of our profession as those who live in the larger centres.

Now, Dr. Kenney, on behalf of the Canadian Dental Association, I take great pleasure in extending to you an Honorary Membership in this Association.

(Honorary Membership Certificate presented to Dr. Kenney.)

May you, a good citizen and a good dentist, enjoy this honour for many, many years to come. (Applause)

DR. A. A. B. KENNEY: Mr. President, Ladies, Members of the Canadian Dental Association: Thanks for this honour, but I really don't deserve it, but I will accept it in part for all those from the smaller towns of Canada.

I think it is our duty to attend these conventions and if they get as much pleasure and benefit as I have had it is well worth it. Hoping to see you all in Vancouver next year, thank you. (Applause)

PRESIDENT WHYTE: I also have another very pleasant duty to perform. Those of you who have attended the Board of Governors' Meetings for a number of years . . .

(At this point in the proceedings a silver tray was presented on behalf of the Canadian Dental Association to Olive Weir Costin, who had taken the verbatim reports of the Board of Governors' meetings for many years. Her surprise prevented her from recording this part of the proceedings.)

PRESIDENT WHYTE: I will now ask Dr. P. G. Anderson, our Installing Officer, to accept this symbol of office and proceed with the installation of the new President.

INSTALLATION OF PRESIDENT

DR. P. G. ANDERSON: Mr. President, Distinguished guests, Ladies and Gentlemen: A little over six years ago a distinguished Past President from British Columbia came to New Brunswick on the east coast, the province in which I was born and spent my early years, to install me in office. At that time I was a delegate from Ontario, the province I had the honour to represent and which had become my home.

Now today brings unusual satisfaction to return in equal score plus much in addition, all that warmth and all the good wishes of six years ago, for it is my pleasant assignment, and an honour of which I am fully aware, to act as the Installing Officer for our new President, this time from the west coast, Dr. William Miller from Vancouver, B.C.

From the maritimes, from the central provinces and from the west, we congratulate B.C., we compliment the C.D.A., and we convey to Dr.

William Miller, popularly referred to as "Bill", our sincere feelings of pride and confidence.

It would be a silly statement to say that the year ahead would not be a demanding or perhaps even a frustrating one. All about us, events are taking place with such suddenness and with such involved implications that even the so-called experts are frequently confused and bewildered. Professionally, we appear to be involved in one of those periods of uncertain transition, not just locally or nationally, but on a global scale.

In our administrations now, as perhaps never before, and to such an extent, there is need for those who can be patient, and willing to observe objectively; for those who are wise, not just in theoretical mental gymnastics, but in constructive action; for those who are able to see a little bit beyond what would ordinarily be considered a normal projection. Or perhaps in other words, to visualize the man in Kipling's "If", to quote, "If you can keep your head when all of those about you are losing their's" — is perhaps a logical injunction for all the leaders in our national and international melting pots of change, in which dentistry finds itself a part of the brew.

Now, once again we are fortunate because the man so selected to guide our destinies through another year is this true pattern of such a basic design.

It has been said that "A stranger to another land will find his greatness quite unplanned". Perhaps this accounts for the astuteness of Dr. Bill Miller. He was born in Cootamundra, New South Wales, Australia.

I am not at all sure whether it was his own doing or whether it was done for him, but Bill came to Canada and received his early education in Vancouver, and knowing the nature of his loyalties it is understandable that having once looked with favour upon the atmosphere of the west coast he would remain true to the environment which had accepted him.

His dental education, which has never ended, was first officially recognized by graduating from North Pacific College, Portland, Oregon. As his abilities came into closer focus the honour dental fraternity Omnicron Kappa Upsilon singled him out as a member for its honoured ranks.

And so this has become the pattern, for in succession followed the offices of President of Vancouver and District Dental Society, President of the British Columbia Dental Association, President of the College of Dental Surgeons of British Columbia, and now President of the Canadian Dental Association, the highest office our organized national dental body can bestow.

Now, you can't hold this man down. It has been observed that "doing nothing is the most tiring job in the world because you can't stop and rest". I am sure this philosophy must be a part of Dr. Miller's scheme of things.

Being aware of the virtue of continuing education, not just in dentistry alone but in other areas as well, he could not rest with what his professional degree by itself had provided. By an extra-curricular round of effort he

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received his Bachelor of Arts degree from the University of British Columbia at a time when most of us would lack the surplus energy for more than a superficial scanning of the newspapers.

Some smart ogre once remarked that "A camel is an animal that looks like he had been put together by a committee". Bill has served on committees galore and the records have yet to show that a camel was ever created in a single case.

One cannot help but think that the poet and essayist, Ralph Waldo Emerson, might have been thinking of someone like Bill when in his oration, "The American Scholar", he wrote, "Only so much do I know as I have lived".

This, then is our new President, capable, fearless, loyal and popular and with a background of achievement which ably qualifies him for the arduous task ahead.

So, Dr. William Miller, I would ask you to come forward and receive your chain of office. You have the respect and the confidence of all your confreres. Your talents and abilities have long since been related to nothing but grit and achievement. You and the C.D.A. can only have a splendid year ahead. May God direct your judgment and may your year be rewarded in strength and satisfaction.

Ladies and Gentlemen, I now present our new President, Dr. William Miller. (Chain of Office placed on Dr. Miller). (Applause.)

NEW PRESIDENT'S REMARKS

PRESIDENT ELECT MILLER: Mr. Chairman and Fellow Members of the dental profession, Ladies: You know, I became so interested in what Andy was saying that I almost forgot to get up. That was an excellent speech. I wish I could make one like that some time. I have a little difficulty in believing everything he said. However, he made a try at it. I think it was quite a good try.

This honour you have bestowed on me is a very high one. It is a very high honour. How high that honour is is more evident when one begins to look over the long history of dentistry. The tasks which lie ahead of us in the next ten years, as has been indicated by our President in his address, are challenging in the extreme, but this is not anything new for dentistry. One has only to read the history of dentistry to see what an exciting and challenging history it has been. The history of dentistry is the story of dedicated men, men who dedicated their lives, and some women, too, to the alleviation of suffering in combatting the diseases of the oral cavity which have plagued mankind since the dawn of history and before.

Now, the extent of that suffering is almost impossible to calculate. When you consider that up to the middle of the 18th century dentistry and the

treatment of the diseases of the oral cavity were a matter of quackery and superstition, when every man's hand was turned against his neighbour, the amount of suffering which those people endured during those centuries — not a year or two years but hundreds of years — is almost impossible to imagine, but it was not until the middle of the 18th century that that brilliant Frenchman, Pierre Fauchard, opened the door to a new day. His accomplishments in the field of the science of dentistry were many, but the most important thing which he contributed to the world was a philosophy — the philosophy that all scientific knowledge must be shared for the benefit of mankind.

In 1840, as you all know so well, the first dental school was opened for the formal training of dentists in the art and science of dentistry. From then on the achievements in the field of the science of dentistry were shaped, sometimes progressing rapidly sometimes retreating, but always, like the tide, advancing. In those early days you can read in your story of the history of dentistry of the formation of the early dental associations, because they realized if anything real was to be accomplished they must band together, just as we are banded together today, that there must be an exchange of views, that men must get to know one another.

Those of you in the First World War vintage will remember what "Tubby" Clayton said: To abolish hate would be to end strife of all the ages, but for men to get to know one another is half the battle.

Gradually too, developed the consciousness that dentistry was a health profession, that we were responsible for not only the diseases of the mouth, but the diseases of the mouth and oral cavity in relationship to the whole individual. Standards of education were raised and high ethical principles began to be developed: the idea of service rather than self, the idea that the patient, as has been said, is the primary consideration, that service is our first motive, and profit is secondary to it.

Not all, of course, had that high philosophy, but the better men in dentistry and a certain corps of fine men of integrity carried it through and gradually developed that philosophy. They developed a high standard of ethics.

It reminds me of those lines from Robert Burns in "The Cotter's Saturday Night":

From scenes like these old Scotia's grandeur springs,
That makes her loved at home, revered abroad:
Princes and lords are but the breath of kings,
'An honest man's the noblest work of God'.

So as we come to our present stage in history we face a new challenge, an exciting challenge, and that challenge is to adjust our thinking and adjust our way of living into a rapidly changing social order. This will take wisdom.

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As has been said, it will take patience, it will take courage, it will take understanding. It is probably the most difficult challenge that dentistry has had to face, but we must face it.

Arnold Toynbee, the historian, in his "Study of History" has said that civilizations grow and progress when they are faced by a challenge and when the challenge has been overcome and they have nothing more to strive for they begin to decline.

Dentistry is faced with a great challenge and perhaps we could borrow the words of one of the greatest of our contemporaries and say this could be dentistry's "finest hour".

Gentlemen, let us not be afraid of greatness. Let us gauge our thinking along the highest levels; let us go forward with courage and enthusiasm and imagination, keeping our principles high and in the midst of all those things which betide us, to maintain a high standard of moral principles, and eventually, because it is right, we must win out.

Now, you see why I say that the honour which you have bestowed upon me is a very great honour. I just hope that I shall be worthy of it.

Conferences like these bring men together and make them friends. I count you all my friends and I will need you. I need every one of you during the next year and I know I shall have your help and support and your friendship. Thank you very much. (Applause)

PAST PRESIDENT'S JEWEL

DR. ANDERSON: Thank you, President Miller. You have the support and confidence of the C.D.A.

Now, Mr. President, Ladies and Gentlemen, according to the Constitution of our Association a President holds office from one annual meeting to the next. To many of you then this would almost appear to be President's Day and in a sense it is: I have another pleasant assignment to perform which involves another President and this time it is your Immediate Past President, Dr. Jim Whyte.

Now, when I say "pleasant assignment", please do not think that we look upon the presenting of the Past President's Jewel as a happy occasion because of the retirement of our President, but rather an opportunity to declare publicly and hence boast of our good fortune to have one like Jim Whyte as our President for the year just concluded.

I am almost at a point where I am beginning to wonder if there is something in the Western air which tends to grow Presidents. Every year with but two exceptions since the meeting in Toronto in 1955, the President has been either brought up in or has spent some part of his life or practice

in the western provinces of Canada and each year every President has carried the responsibilities of his office in such a manner that the fair and faithful observer of the profession could be only proud to boast. This year could be no exception.

Now it has been observed that the fellow who blows his horn the loudest is usually in the biggest fog, but without any logical or hypothetical condition to becloud my perspective and certainly without any prejudices to blur my thinking, I would like to sound off on the evidence of the year just completed. Highly qualified by virtue of his natural talents and by excellence of years of administration in civic and other affairs, and ably fitted by goodness of his enthusiasm and sincerity, Dr. Jim Whyte has given our organization able leadership and warm and faithful understanding.

This has been a difficult year, much more difficult than many of you realize. The "melting pot of change" to which I referred a short time ago has been in an active state of ferment and Jim has had to add his part of judgment ingredients to its contents, and watch it boil.

And so, Dr. Whyte, we want to express to you our sincere thanks and appreciation. We want to express the thanks that each of the ten provinces would want to convey to you and we want to congratulate you on your fine year's effort.

Dr. Whyte has visited every province. He has made himself available wherever he felt he could assist, and through use of long distance phones he has perhaps helped to boost telephone stocks to new highs on market exchanges.

The past year, Jim, has no doubt been a very strenuous one, when you have attempted to carry on the many demands of the Presidential office as well as the many other requests of what would be your normal busy life. But I am sure you will long treasure the happy memories, the new faces, the pleasant associations and best of all, the knowledge of and the right to say "I did my best".

Jim Whyte would be the first to say that progress in an organization does not stem from one man or from one group alone. It is their duty to sustain and guide and while that has been done and done well, I should like to pay tribute to all the men who have contributed so much to our Association.

Dr. Whyte, for the past year you have been a leader of able and devoted men. We join in thanking you for your self-sacrifice and devotion to your task. This has been a heavy year, but one of achievement and may I now speak for so many who would like to do so personally, and say "Thank you" for all you have accomplished.

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As we present to you now the Past President's Jewel, the emblem of merit, may I congratulate you, may your interests long continue, and may you always look upon it as a friendly keepsake of our esteem. (Past President's Jewel presented to Dr. Whyte). (Applause)

PAST PRESIDENT WHYTE: Ladies and Gentlemen and Members of the Profession: I don't think I have anything to say other than a sincere thank you to all those who have made the year possible, because it was one of many problems.

If I may be humorous, and I like to be a little bit humorous, I think one of the best things that ever happened to me, personally, was that I was able to lose thirty pounds.

Again, I wish to thank you all from ocean to ocean for kind hospitality and warm friendship, and especially to my Board of Governors who were behind me at all times as far as my little problems were concerned. Thank you, and we will see you all at the hoedown. (Applause)

DR. ANDERSON: Ladies and Gentlemen, I now return the gavel to President Miller.

PRESIDENT MILLER: This annual meeting is now adjourned.

7 DAYS

THIS BOOK MAY BE KEPT FOR
7 DAYS ONLY
IT CANNOT BE RENEWED

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